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DEPARTMENT OF CITY PLANNING

POST STREET

MEDICAL CENTER AND PARKING GARAGE

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PUBLIC HEARING DATE: JUNE 19, 1986

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POST STREET MEDICAL CENTER AND PARKING GARAGE

Draft Environmental Impact Report

85.181E

Publication Date: May 16, 1986
Public Comment Period: May 16 through June 19, 1986
Public Hearing Date: June 19, 1986

Written comments should be sent to the Environmental Review Officer, 450 McAllister Street, San Francisco CA 94102.

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May 16, 1986

TO: Distribution List for the Post Street Medical Center & Parking Garage EIR

FROM: Barbara W. Sahm, Environmental Review Officer

SUBJECT: Request for the Final Environmental Impact Report for Post Street Medical Center and Parking Garage

This is the draft of the Environmental Impact Report (EIR) for Post Street Medical Center & Parking Garage A public hearing will be held on the adequacy and accuracy of this document on June 19, 1986. After the public hearing, our office will prepare and publish a document titled "Summary of Comments and Responses," which will contain a summary of all relevant comments on this Draft EIR and our responses to those comments. It may also specify changes to this Draft EIR. Those who testify at the hearing on the draft will automatically receive a copy of the Comments and Responses document along with notice of the date reserved for certification (usually about 9 weeks after the hearing on the draft); others may receive such copies and notice on request or by visiting our office. This Draft EIR, together with the Summary of Comments and Responses document, will be considered by the City Planning Commission in an advertised public meeting and certified as a Final EIR if deemed adequate.

After certification, we will modify the Draft EIR as specified by the Comments and Responses document and print both documents in a single publication called the Final Environmental Impact Report. The Final EIR will add no new information to the combination of the two documents except to reproduce the certification resolution. It will simply provide the information in one rather than two documents. Therefore, if you receive a copy of the Comments and Responses document in addition to this copy of the Draft EIR, you will technically have a copy of the Final EIR.

We are aware that many people who receive the Draft EIR and Summary of Comments and Responses have no interest in receiving virtually the same information after the EIR

has been certified. To avoid expending money and paper needlessly, we would like to send copies of the Final EIR to individuals only if they request them.

If you want a copy of the Final EIR, please so indicate in the space provided on the next page and mail the request to the Office of Environmental Review within two weeks after certification of the Final EIR. Any private party not requesting a Final EIR by that time will not be mailed a copy. Public agencies on the distribution list will automatically receive a copy of the Final EIR. Copies will also be available at the Department of City Planning, 450 McAllister Street, San Francisco, California 94102.

Thank you for your interest in this project.

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REQUEST FOR FINAL ENVIRONMENTAL IMPACT REPORT

To: Department of City Planning, Office of Environmental Review

Re: Post Street Medical Center and Parking Garage Final EIR, 85.181E

(____) Please send me a copy of the Post Street Final EIR.

Signed: _____

Print Your Name and Address Below:

_____
(Name)

_____
(House Number and Street)

_____
(City, State and Zip Code)

If you are requesting an FEIR, please tear this page out, show your address above, fold the mailer so that your return address and the Department of City Planning's address is exposed, seal, add postage and mail.)

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San Francisco, California 94102

ATTN: **Catherine Siegel**

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I. SUMMARY

A. PROJECT DESCRIPTION (Pages 7-16)

The Western Development Group and Mount Zion Hospital and Medical Center propose to develop a six-story medical services building and a five-level public parking garage.

The project site is located within the Western Addition area of San Francisco, Assessor's Block 1076, Lots 5, 24-30, 33, and part of Lot 32. The project site is on the block bounded by Post, Sutter, Divisadero and Broderick Streets. The main buildings of Mount Zion Hospital and Medical Center are located directly opposite the proposed project on the block bounded by Divisadero, Post, Sutter and Scott Streets. Kaiser Hospital is located to the southwest of the site, across Geary roughly between O'Farrell, Lyon and Broderick Streets. The project site is in an C-2 (Community Business) District with the exception of lot 24 which is in an RM-1 (Residential Mixed Districts, Low Density) District. The project site is in 65-A and 40-X Height and Bulk Districts.

The proposed six-story medical center building would occupy Lots 5, 33, and part of 30 with frontages on Post and Divisadero Streets. It would contain a total of about 70,475 gross square feet (gsf) of medical offices and facilities including about 5,600 gsf of ground floor medically-related retail space. Approximately half of the medical center space (35,815 gsf) would be used for group practice clinics, ambulatory surgical center and medical equipment facilities. The remainder of the usable floor space (about 29,063 gsf) would be used for physicians' offices. The FAR would be 3.2:1. The building would be 65 feet high and would be set back at the fourth floor.

The five-level parking structure containing 606 parking stalls would occupy Lots 24 through 30 and part of 32. The vehicular access to the structure would be via Post and Erkson Court and the exit would be on Sutter Street. From Sutter Street to the

highest point of the structure would be about 36.6 feet. The garage would serve the medical center, Mount Zion Hospital and the area's medically-related uses.

B. ENVIRONMENTAL IMPACTS

1. Issues Not Addressed (Page 39)

An Initial Study was prepared for the project and published on August 23, 1985. Issues that were determined to require no further discussion in this EIR as a result of the Initial Study are: scenic views and vistas; light and glare; population, employment and housing; noise; construction air quality; impacts from odors/burning of materials; shadows; utilities and public services; geology/topography; water; hazards; cultural resources; and biology. A copy of the Final Initial Study is attached to this report as Appendix A, page A-1.

2. Land Use and Zoning (Pages 40-44)

Construction of the Medical Center and garage would involve demolition of one medical office building, relocating the Crisis Clinic to Post Street, and construction on a vacant lot and the surface parking lots. The proposed project would increase the intensity of medical and parking uses on the site and would add retail space on the ground floor along Divisadero Street. The parking structure would represent a net increase of 431 spaces on site after demolition of the 175-space parking lot.

All of the project site, except for Lot 24, is in a C-2 (Community Business) District and a 65-A Height and Bulk District. Lot 24 is designated RM-1 (Residential Mixed, Low Density) and is in a 40-X Height and Bulk District. Rezoning would be necessary to permit a commercial garage on Lot 24. The medical center building would exceed the height/bulk limits and would require Conditional Use authorization. The proposed parking structure would also require Conditional Use authorization because it is not completely enclosed. The proposed project is located in an area proposed for permanent rezoning and currently subject to interim controls. All of the project site including Lot 24 is proposed to be rezoned to NC-3 (Moderate Scale Neighborhood Commercial District). Conditional use authorization is required under the interim zoning controls for this project because the lot is over 10,000 square feet and because uses over 5,000 square feet are proposed. Automobile parking is also only allowed by Conditional Use in an NC-3 District.

3. Urban Design (Pages 45-53)

The proposed medical center would be six stories, or 65 feet high, about three to four stories taller than the nearby residential buildings but not as high as Mount Zion Hospital to the immediate east. In relation to neighboring buildings, the garage would be about 10-15 feet taller than adjoining buildings on Sutter. The proposed project's bulk would be greater than the residential structures but in scale with the newer commercial and institutional buildings in the area. The proposed project would not demolish any rated buildings.

4. Transportation, Circulation and Parking (Pages 54-63)

The proposed project would generate about 4,735 daily person trips with 330 occurring during the p.m. peak-hour. Transportation surveys show that the proposed project would generate about 215 p.m peak-hour vehicle trips with 75% outbound and 25% inbound.

The proposed parking garage would provide 606 spaces. The expected trip generation and modal distribution indicated that the project parking demand would be about 260 spaces. The City Planning Code requires about 207 spaces, 53 spaces less than the projected demand.

5. Air Quality (Pages 64-69)

The project would affect air quality in two ways upon completion. Emissions would be generated by project-related traffic, and by combustion of natural gas for building space and water heating. Transportation sources would account for over 95% of project-related emissions.

Curbside CO concentrations at selected intersections that would be affected by project-generated traffic and by cumulative development traffic were projected for worst-case conditions. The Post/Divisadero and Sutter/Divisadero intersections currently do not violate state or federal standards nor are they expected to. The Geary/Divisadero intersection currently violates the state and federal 8-hour standards but is projected to meet the standards in 2000.

6. Growth-Inducing Impacts (see page 78)

The proposed project would result in 62,775 net new square feet of medical offices and facilities and 5,600 square feet of retail space, and up to 285 potential new jobs on the project site. Redevelopment of the project site to a higher intensity of use, along with intensification of development on other sites in the project area could encourage redevelopment of other sites for higher intensity development in the area around Mount Zion Hospital.

C. MITIGATION MEASURES (Pages 79-83)

Some of the mitigation measures included in the project that would mitigate potential environmental impacts are listed below; a complete list is contained in Chapter V., page 77.

- Mount Zion Hospital, in cooperation with the project sponsor, would provide and implement an on-going Transportation Management Program and on-site transportation brokerage services in accordance with guidelines set forth in the Department of City Planning's publication "Developer's Manual for the Implementation of Transportation Broker Services and Transportation Conditions" with adjustment, as necessary, for conditions specific to the Hospital, medical building and the surrounding area.

- The project sponsor would require the contractor to water the construction site at least twice a day to reduce airborne construction dust and particulates by about 50%.

- The construction contract would require that project contractor muffle and shield intakes and exhaust, shroud or shield impact tools, and use electric-powered rather than diesel-powered construction equipment, as feasible.

- The general contractor would construct a barrier around the site which would reduce construction noise by as much as five dBA.

- Should evidence of cultural or historic artifacts of significance be found during project excavation, the Environmental Review Officer (ERO) and the President of the Landmarks Preservation Advisory Board would be notified immediately, and any excavation which could damage such artifacts halted.

D. ALTERNATIVES (Pages 85-94)

1. Alternative One: No Project Alternative (Page 85)

This alternative would entail no change to the project site as it now exists. None of the impacts associated with the proposed project would occur. The project sponsor has rejected this alternative because it underutilizes scarce land resources in a valuable area.

2. Alternative Two: Office and Required Parking (Page 86)

This alternative would not include a separate five-level garage. Lots 24-30 would be omitted from this alternative. A five-story, 55-foot-tall medical office building with ground floor retail uses would be developed on Lots 5 and 33 of the project site. The parking required for this project would be about 144 spaces. These spaces would be accommodated in five below-grade parking levels beneath the medical office building. Entrance to the garage would be via Post Street and Erkson Court. This alternative would comply with height and bulk controls. Conditional Use authorization would be required under Neighborhool Commercial Interim Controls because the site is over 10,000 square feet and medical, office and parking uses exceed 5,000 square feet.

The alternative would require demolition of a portion of the surface parking lot, displacing approximately 87 spaces.

Transportation and air quality impacts would be about 25% less than for the proposed project due to reduction in travel demand. This alternative could not accommodate its own parking demand, which is estimated at 188 spaces.

The project sponsor has rejected this alternative because the site is too small to permit cost-effective excavation and construction of five below-grade levels and it does not meet a primary objective of providing public parking.

3. Alternative Three: Project Without Lot 24 (Page 90)

Lot 24, currently zoned RM-1, would not be included in this proposal. The proposed project would require a rezoning of Lot 24 from RM-1 to C-2 or adoption of permanent controls under Neighborhood Commercial Rezoning to allow a commercial parking garage. The medical center would not be affected by this change; it would be the same as the

proposed project. The parking facility would be reconfigured to a smaller site area. The square footage, 146,650 gsf, would be 23,350 gsf less than the proposed project and the number of parking stalls, 538, would be 68 less. This alternative would require the same approvals as the proposed project, without Lot 24.

All impacts would be similar to the proposed project. Transportation, circulation, parking, air quality and energy impacts would remain at project levels. Employment and housing impacts would be the same as for the project.

The project sponsor has rejected this alternative because the sponsor believes that it does not represent the highest and best use of the existing property that would be possible under future proposed rezoning.

4. Alternative Four: Reduced Project with Alternative Uses (Page 92)

This alternative would consist of a smaller parking structure and a mixed-use office/retail building. The buildings would occupy the same site areas as the proposed project.

As with the project, the alternative would require the demolition of the existing surface parking, one-story medical office building and relocation of the Crisis Clinic.

The alternative would provide employment for about 269 persons. This is not significantly lower than the proposed project and would not measurably affect levels of energy consumption, demand for community services, public utilities and housing. Transportation, air quality and transportation energy impacts associated with higher travel demand would increase compared to the proposed project. The alternative parking structure would contain 369 spaces, 180 more than required.

The project sponsor has rejected this alternative because this alternative would provide less medical office space than the sponsor thinks is appropriate. In addition, the objective of providing a public parking garage with enough space to relieve the shortage of on and off-street parking would not be met.

II. PROJECT DESCRIPTION

A. PROJECT SPONSOR'S OBJECTIVES

The Western Development Group, in a cooperative venture with Mount Zion Hospital and Medical Center, proposes to develop a six-story medical center building and a five-level parking garage. Specific objectives to be satisfied by the project include:

- Providing a public parking garage to help alleviate the parking problem experienced in the immediate area due to the use of on and off street spaces by Mount Zion Hospital personnel and visitors.
- Providing new, first-class medical office, clinic and medical care facilities which will provide convenient health care services, attractive physician offices, and neighborhood serving retail uses.
- Creation of commercial development which represents the highest and best use of the existing property, consistent with current and proposed zoning.
- Increasing opportunities for non-emergency, ambulatory care to be provided on a cost efficient basis, by providing space for such facilities outside the hospital.
- Realizing a reasonable return on investment by creating a real estate asset which appreciates in value.

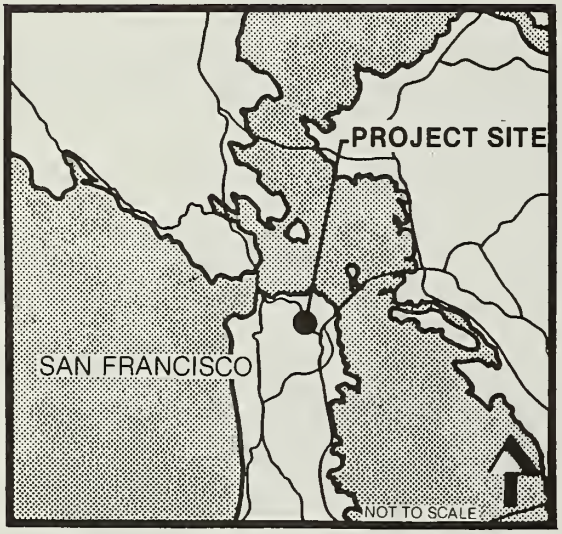
B. PROJECT LOCATION

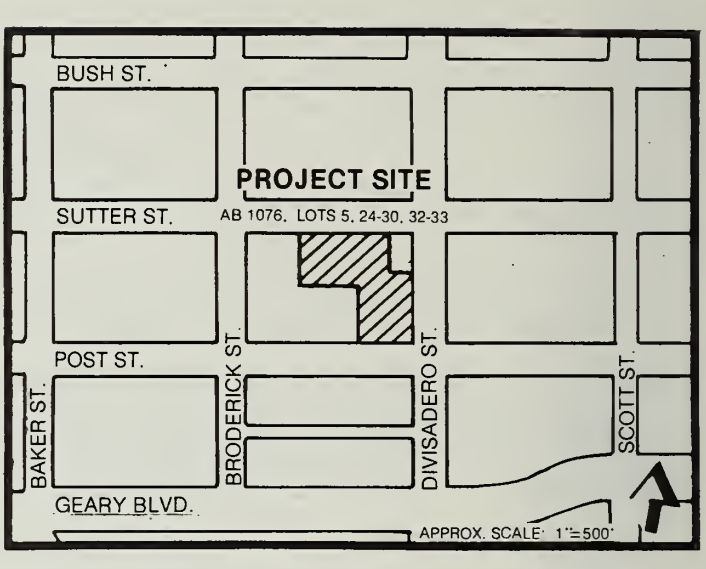
The project site is located within the Western Addition area of San Francisco. The project site is on Assessor's Block 1076, Lots 5, 24-30, 33, and part of Lot 32, on the block bounded by Post, Sutter, Divisadero and Broderick Streets (Figure 1, page 8). The project lots combined occupy 48,460 square feet. Existing zoning for the site is C-2 (Community Business) with the exception of lot 24 which is zoned RM-1 (Residential Mixed Districts, Low Density). The project site is within two height and bulk districts: 65-A and 40-X.

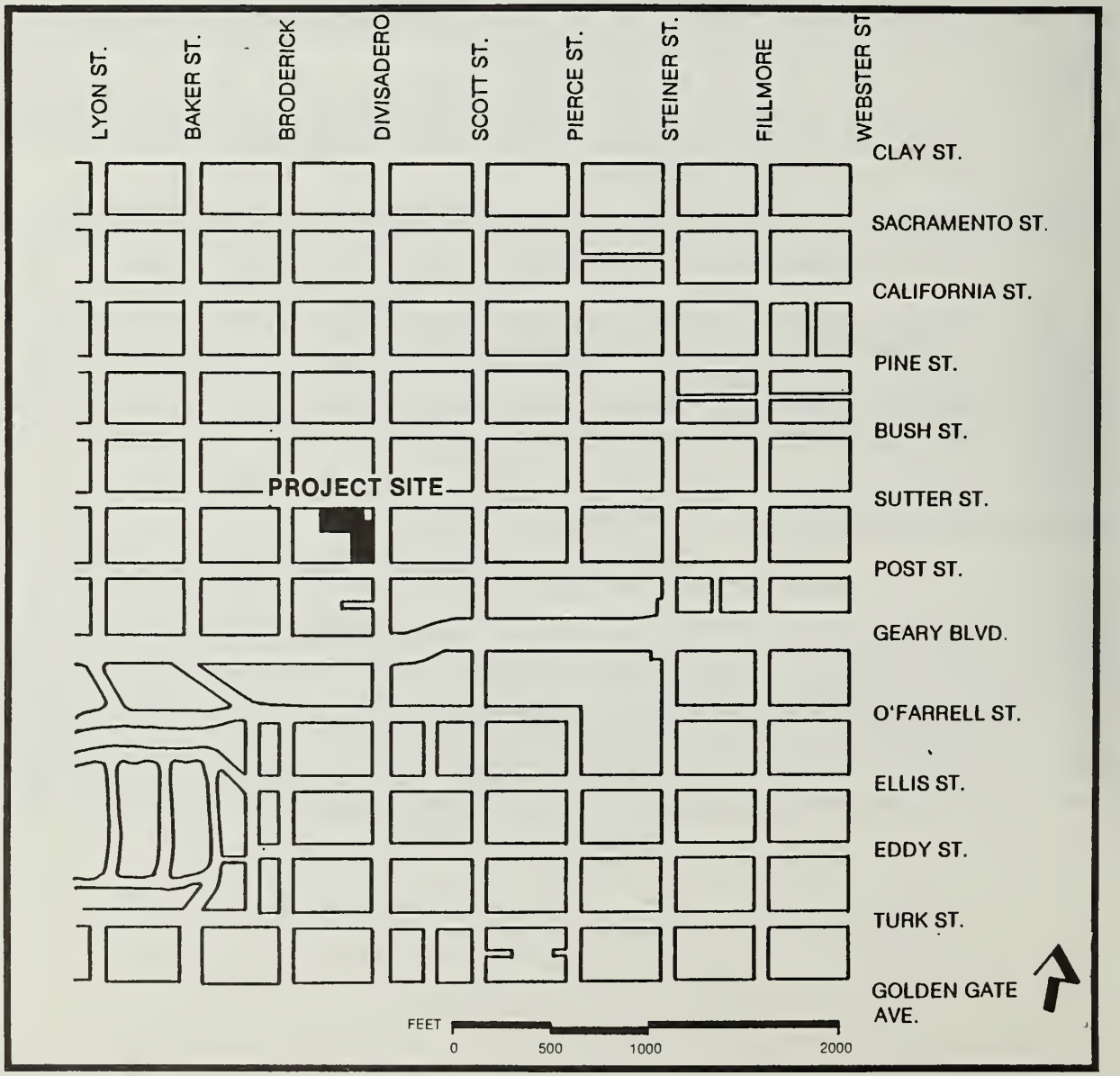
SITE LOCATION MAP

FIGURE 1

SOURCE: EIP ASSOCIATES







The main buildings of Mount Zion Hospital and Medical Center are located directly opposite the proposed project on the block bounded by Divisadero, Post, Sutter and Scott Streets. Kaiser Hospital is located to the southwest of the site, across Geary roughly between O'Farrell, Lyon and Broderick Streets.

C. PROJECT CHARACTERISTICS

The proposed project would be the construction of a six-story medical center building and a five-level parking garage. (See Figures 2-5, pages 11-14, showing project plans and elevations.) The proposed medical center would occupy Lots 5, 33, and part of 30 with frontages on Post and Divisadero Streets. Lots 5 and 33 are currently used as a surface parking lot; Lot 30 contains the Mount Zion Crisis Clinic, a one-story building. The Crisis Clinic would be moved to Lot 32, on Post Street. The proposed project would contain a total of about 70,475 gross square feet (gsf) of medical offices and facilities including about 5,600 gsf of ground floor medically-related retail space (see Figure 3, page 12). Approximately half of the medical center space (approximately 35,815 gsf) would be used for group practice clinics, a full-floor, free-standing ambulatory surgical center and medical equipment facilities. Since the exact mix of tenants is not known at this time the assignment of floor space and medically related uses cannot be ascertained. It is expected, though, that the remainder of the usable floor space (about 29,063 gsf) would be devoted to office suites for physicians. The FAR for the proposed project would be 3.2:1. Table 1, page 10, describes the FAR calculations for the proposed project. The building would be 65 feet high and would be set back at the fourth floor. The main entrance to the medical center would be on Post Street. Another pedestrian entrance would be located on Divisadero Street, which would also connect to the garage.

The five-level parking structure would be located on Sutter Street and would cover all of lots 24, 25, 26, 27, 28, 29, 30 and part of 32. Lot 24 is currently vacant; Lot 25 contains a two-story, 2,100 gsf wood-frame medical office building; Lot 30 contains the Mount Zion Crisis Clinic; and the remainder of the site is used for parking. The medical office building would be demolished. The proposed garage would contain 170,000 gsf and 606 parking stalls. Vehicles would enter the garage via Post Street through Erkson Court and exit on Sutter Street. 150 spaces would be reserved for Mount Zion employee and physician parking. The structure would be semi-enclosed on levels one through four and

TABLE 1

FLOOR AREA RATIO CALCULATIONS

1.	Site area included in FAR calculation	
	Site area	48,460
2.	Permitted Floor Area	
	Maximum floor area ratio (FAR)	3.6:1
	Site area creditable for FAR	48,460
	Maximum permitted floor area	174,456
3.	Project Area Gross Floor Area included in FAR[1]	
	Clinics/Surgery/Med Facilities	35,815
	Physicians' Offices	29,063
	Retail	5,600
	Parking in excess of required	85,000
	Total	155,478
	Area not included in FAR[1]	
	Required Parking	85,000
4.	Project FAR (155,478/48,460)	3.2:1

[1] City Planning Code Section 102.8 defines gross floor area for purposes of determining allowable floor area; gross floor area does not include, among other things, area devoted to parking and open space.

SOURCE: EIP Associates

MEDICAL CENTER ELEVATION FROM DIVISADERO STREET

FIGURE 2

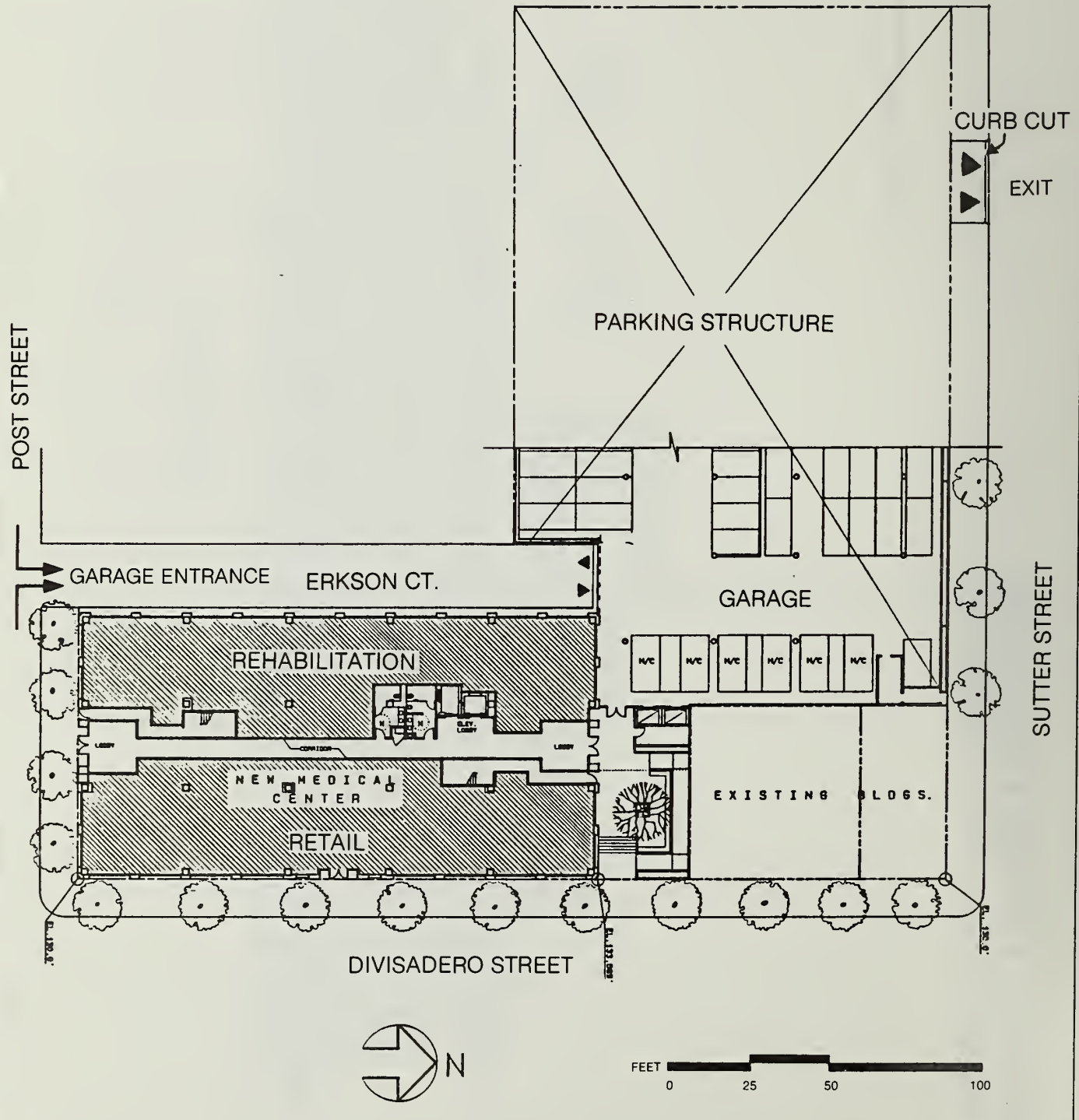
SOURCE: JORGE DE QUESADA, INC.

85026

GROUND FLOOR PLAN, MEDICAL CENTER/GARAGE

FIGURE 3

SOURCE: JORGE De OUESADA, INC.



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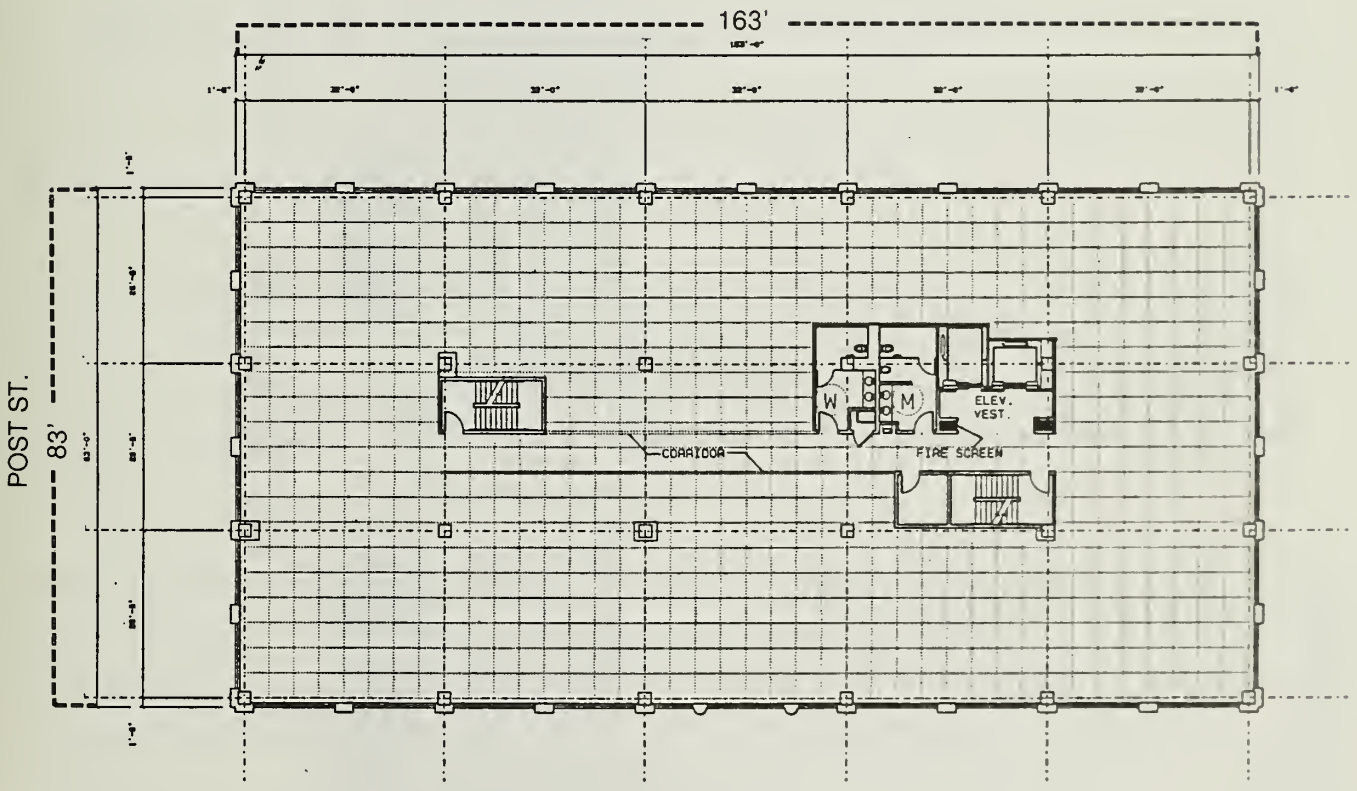
TYPICAL FLOOR PLAN
MEDICAL CENTER BUILDING

FIGURE 4

SOURCE JORGE De QUESADA INC

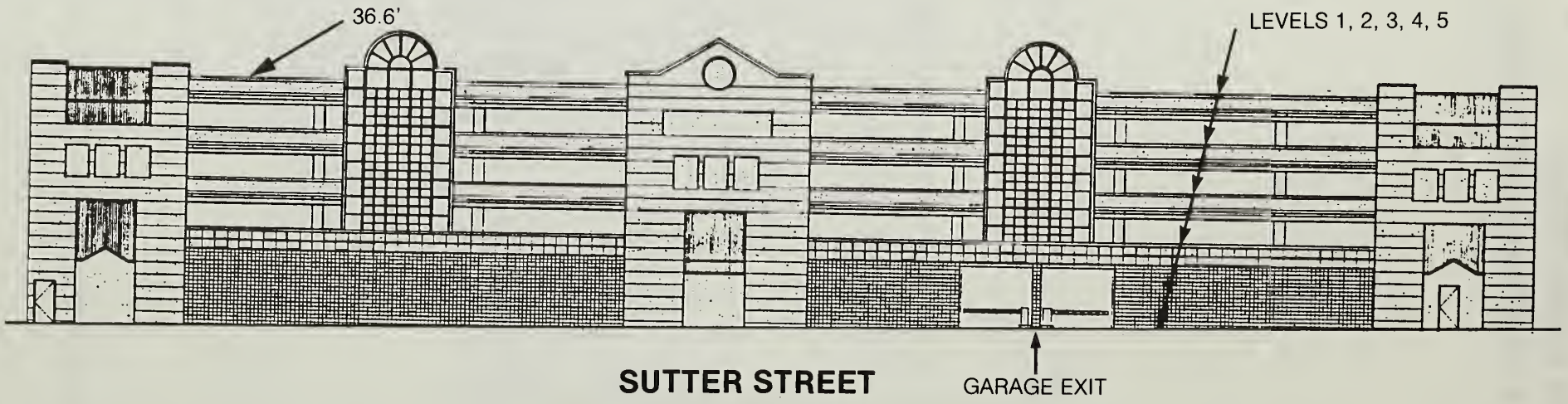


PARKING GARAGE ELEVATION FROM SUTTER STREET

FIGURE 5

NOT TO SCALE

SOURCE: JORGE DE QUESADA, INC.



85026

the roof (level five) would be exposed (see Figure 5, page 14). From Sutter Street to the highest point of level five (i.e. the roof of level four) the height of the structure would be about 36.6 feet.

Building materials for both the medical center and the parking structure would be primarily composed of concrete. The ground floor of the medical office building would be clad in marble and granite; above the ground floor the building would be a light sandstone color. Lightly tinted non-reflective glass would be used. The project architects are Jorge de Quesada, Inc. of San Francisco.

D. PROJECT SCHEDULE, COST AND APPROVAL REQUIREMENTS

The project sponsor proposes to begin construction in November 1986 and complete the project in October 1987. The estimated construction cost of the project would be $10,000,000 (1985 dollars).

The first step in processing the proposed project is public review and a public hearing on this Draft EIR (DEIR), and responses to comments collected during the DEIR review period. If the document is deemed complete, accurate and objective as specified by the California Environmental Quality Act (CEQA), the City Planning Commission will certify the EIR.

After certification of the EIR the City Planning Commission would hear the application for Conditional Use (CU) authorization. Pursuant to Section 223(m) and (n) of the Code, the parking structure would require Conditional Use (CU) authorization if the building "is not completely enclosed," (i.e., without a roof). The project sponsor would request an exception to the bulk limits as allowed by Section 271 of the Code. Conditional Use authorization would be required. Criteria for deciding whether a CU would be granted include compatibility of the proposed project with the neighborhood, the proposed size, shape and arrangement of structures, adequacy of parking and loading, and determination of compliance with the Master Plan. Based on findings in the Final EIR and testimony at the public hearing on the CU application, the City Planning Commission would approve or deny the CU authorization.

The project sponsor would also apply for a lot split and consolidation of the project lots. A registered civil engineer or licensed land surveyer would submit a parcel map to Department of Public Works (DPW), Bureau of Engineering, Surveys and Maps Division. DPW would notify all property owners within 300 feet and refer the action to the Department of City Planning for conformance with the Master Plan.

The entire project site is under Neighborhood Commercial Rezoning Study (NCRS) interim zoning controls adopted by the City Planning Commission on March 28, 1985 and extended on February 6, 1986 for six months.[1] The interim zoning designation of the site is NC-3 (Moderate-Scale Neighborhood Commercial District). Permanent controls will probably be voted on by the Board of Supervisors in 1987.[2] The proposed project must comply with the most restrictive provisions of both the interim controls and the permanent zoning controls until new permanent controls are adopted.

Lot 24 is currently designated RM-1 (Residential Mixed Districts, Low Density). A commercial garage would not be allowed on this lot under existing zoning. The remaining lots have C-2 (Community Business) permanent zoning which permits a parking garage with Conditional Use authorization. The project sponsor intends to apply for the rezoning of Lot 24 to C-2 (Community Business) pending the completion of the Neighborhood Commercial Rezoning proposal.

Under Neighborhood Commercial Interim Controls the proposed Post Street Medical Center Building would be classified as "medical service," a permitted use. The proposed parking garage would require Conditional Use authorization. Conditional Use authorization would be required for the medical office building and garage because the lot is over 10,000 square feet and the medical, office and parking uses proposed exceed 5,000 square feet.

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[1]San Francisco Department of City Planning, Neighborhood Commercial Rezoning, Proposal for Adoption, February 1985, updated March 28, 1985.

[2]Scott Dowdee, San Francisco Department of City Planning, telephone conversation, January 16, 1986.

III. ENVIRONMENTAL SETTING

A. LAND USE AND ZONING

1. Land Use

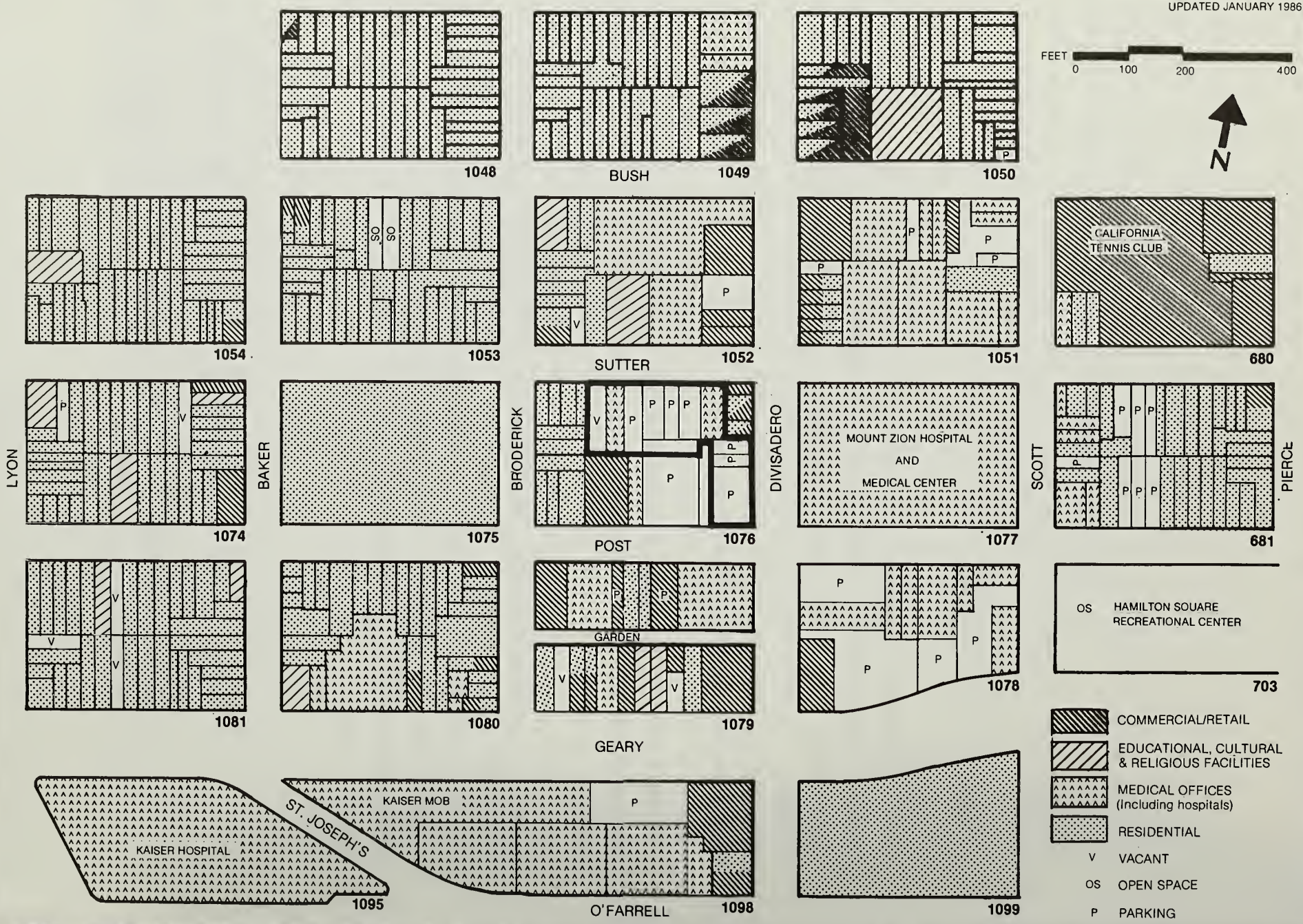
Pacific Heights and Presidio Heights are to the proposed project's north, and the Richmond District is to its west. To its south lies Anza Vista, Alamo Square Historic District and Mission District, and to its east the Western Addition and downtown San Francisco. The properties surrounding the proposed project within a two to three-block radius are generally residential intermixed with a variety of retail, commercial and medically-related land uses (Figure 6, page 18).

Major institutions in the project area include Mount Zion Hospital and Medical Center and Kaiser Hospital and Medical Center. Mount Zion occupies several lots located near Divisadero Street but the main buildings are on the block bounded by Post, Sutter, Scott and Divisadero Streets. Originally located on Seventh Street at Howard, the hospital moved to its current site in 1911. Selection of the new building site was based in part on its proximity to the Western Addition's growing Jewish population.[1] The Kaiser Foundation Hospital and main medical office buildings of the Kaiser-Permanente San Francisco Medical Center are located on Geary Boulevard and O'Farrell between Lyon and Divisadero Streets. The hospital was completed in 1954 and subsequent building and expansion occurred in 1955, 1960, 1966, 1969 and 1977.[2] The proximity of two large hospitals in the area has resulted in a concentration of medical offices and related uses such as pharmacies and funeral homes. The California College of Podiatric Medicine is located on Scott Street, between Eddy and Ellis to the southeast of the project site. Directly to the north of the site on Sutter Street is the San Francisco Psychoanalytic Institute. Other land uses in the area include the San Francisco Community Convalescent Hospital on the south side of Bush Street and the Russian Center (a community center with a gym, halls for rent, card rooms) on the north side of Sutter Street between

EXISTING LAND USE

FIGURE 6

SOURCE: EIP ASSOCIATES, JUNE 1985
UPDATED JANUARY 1986



Broderick and Divisadero Streets. The California Tennis Club occupies three-quarters of the block bounded by Scott, Pierce, Sutter and Bush Streets. Divisadero Street, from Geary Boulevard heading north, serves as a neighborhood commercial strip with two- to three-story retail and commercial establishments that serve the neighborhood as well as the employees of Mount Zion Hospital. As shown in Figure 6, page 18, residential uses dominate the area to the west of the project site. Interspersed among the older Victorian single-family dwellings and flats are newer multifamily apartment buildings. Westside Court, a 136-unit housing project, occupies the block bounded by Post, Sutter, Broderick and Baker Streets.

Hamilton Square Recreation Center, between Geary, Post, Steiner and Scott Streets, is one block east of the project site. It is an open space and recreational facility for this part of the City. Its resources include a swimming pool and playing field. The San Francisco Public Library has a branch on Scott Street adjacent to the recreation center.

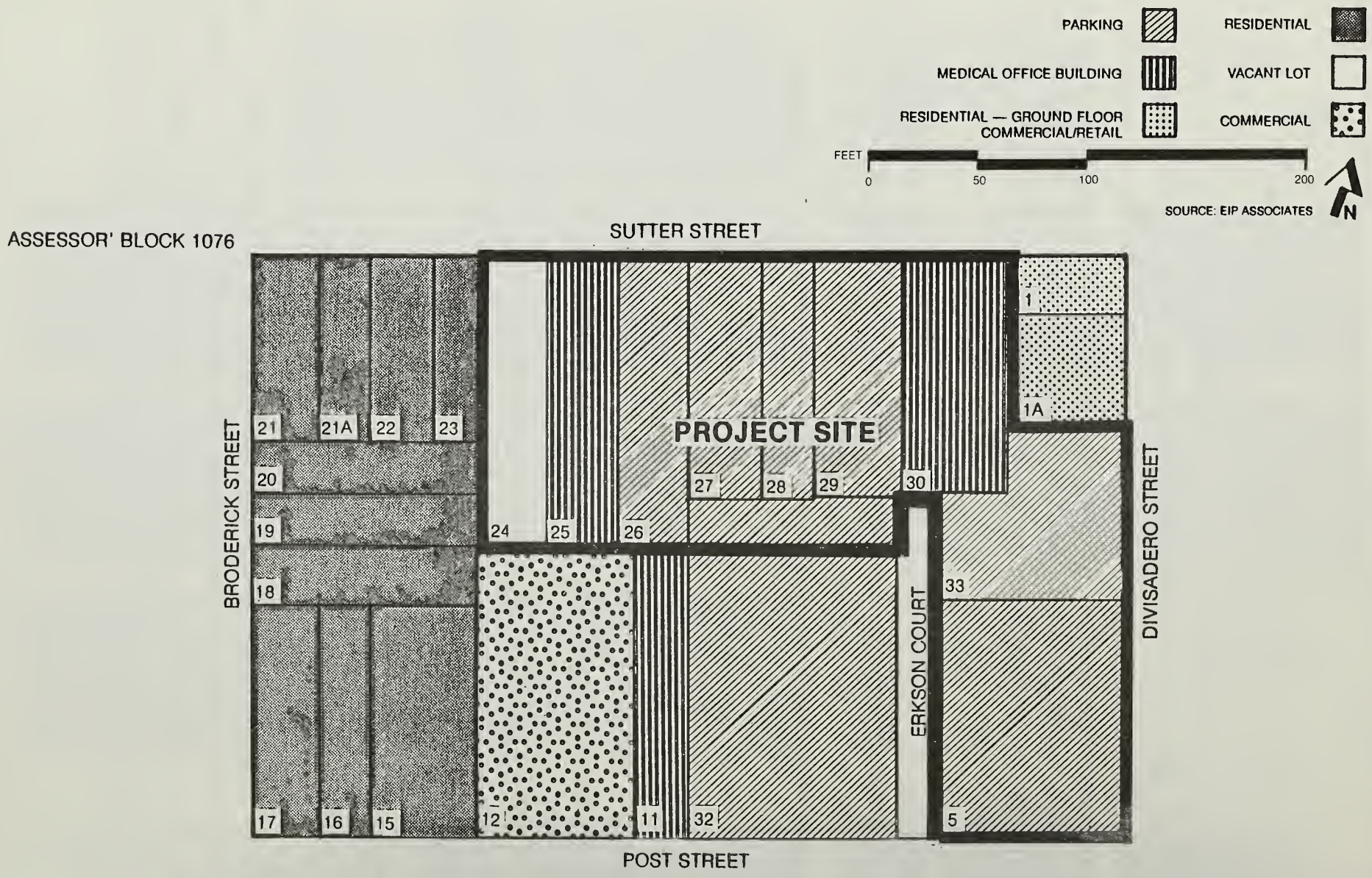
Land uses on the project block include residential, commercial, medical offices, parking and a vacant lot. The residential uses are concentrated at the Broderick Street side of the project block and are mostly multifamily flats and apartments. The two commercial buildings on the corner of Divisadero and Sutter Streets also contain residential uses above the ground floor. Medical office uses on the block include the Crisis Clinic, a one-story building belonging to Mount Zion Hospital and two other buildings on Sutter and Post Street that are unrelated to the hospital. An automobile repair shop is located on Post Street. The rest of the block is covered by surface parking. Figure 7, page 20 shows the existing uses on the block.

2. Zoning

The project site, with the exception of Lot 24, is in a C-2 (Community Business) District (Figure 8, page 21). Lot 24 is classified as RM-1 (Residential Mixed Districts, Low Density). Properties to the west of the site are generally zoned residential of varying densities: RM-1; and RH-2, RH-3 (Residential, House Districts, two-, three-family, respectively). Again, with the exception of Lot 24, the site is in a 65-A Height and Bulk District, which allows a maximum building height of 65 feet and maximum length and diagonal dimensions of 110 feet and 125 feet above 40 feet, respectively. Lot 24 is in a

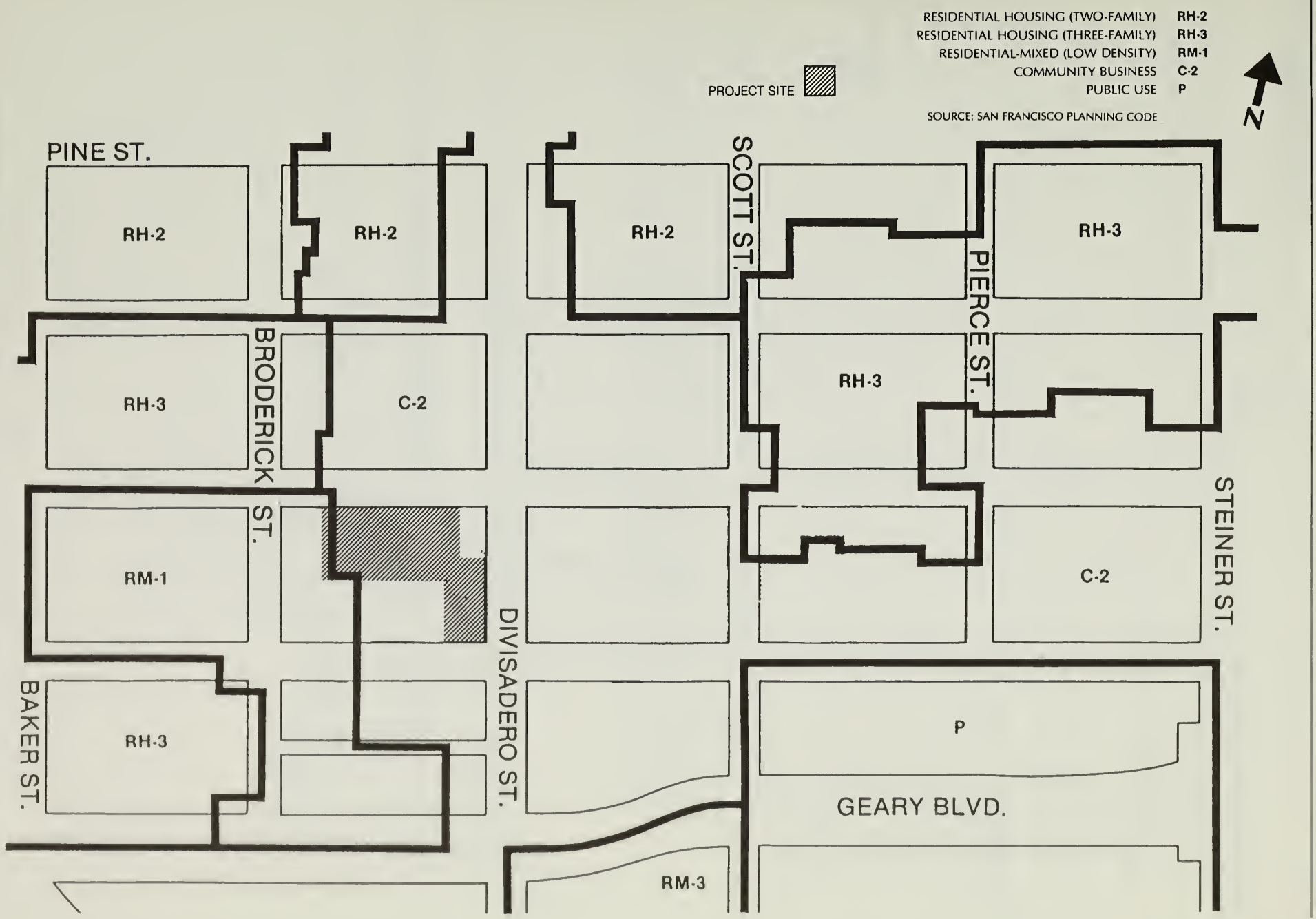
EXISTING SITE PLAN

FIGURE 7



ZONING MAP

FIGURE 8



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40-X Height and Bulk District, which allows a maximum building height of 40 feet with no bulk restrictions. Height and bulk districts for the immediate area are shown in Figure 9, page 23, Basic allowable floor area ratio (FAR) is 3.6:1.

The Neighborhood Commercial Rezoning (NCR) Proposal for Adoption contains a "comprehensive set of Master Plan policies and Zoning Controls for San Francisco's neighborhood commercial districts."[3] Interim controls were adopted by the City Planning Commission on March 28, 1985 and extended for six months more on February 6, 1986. The proposed Post Street Medical Office Building and Parking Garage is located in an area proposed for permanent rezoning and currently subject to interim controls. The entire site, including Lot 24, would be rezoned to NC-3, Moderate Scale Neighborhood Commercial District. The NCR Proposal for Adoption describes the NC-3 District as follows:

> "NC-3 Districts are intended in most cases to offer a wide variety of comparison and specialty goods and services to a population greater than the immediate neighborhood, additionally providing convenience goods and services to the surrounding neighborhoods . . . . NC-3 building standards encourage moderately large commercial uses and buildings . . . . A diversified commercial environment is encouraged for the NC-3 District, and a wide variety of uses are permitted."[3]

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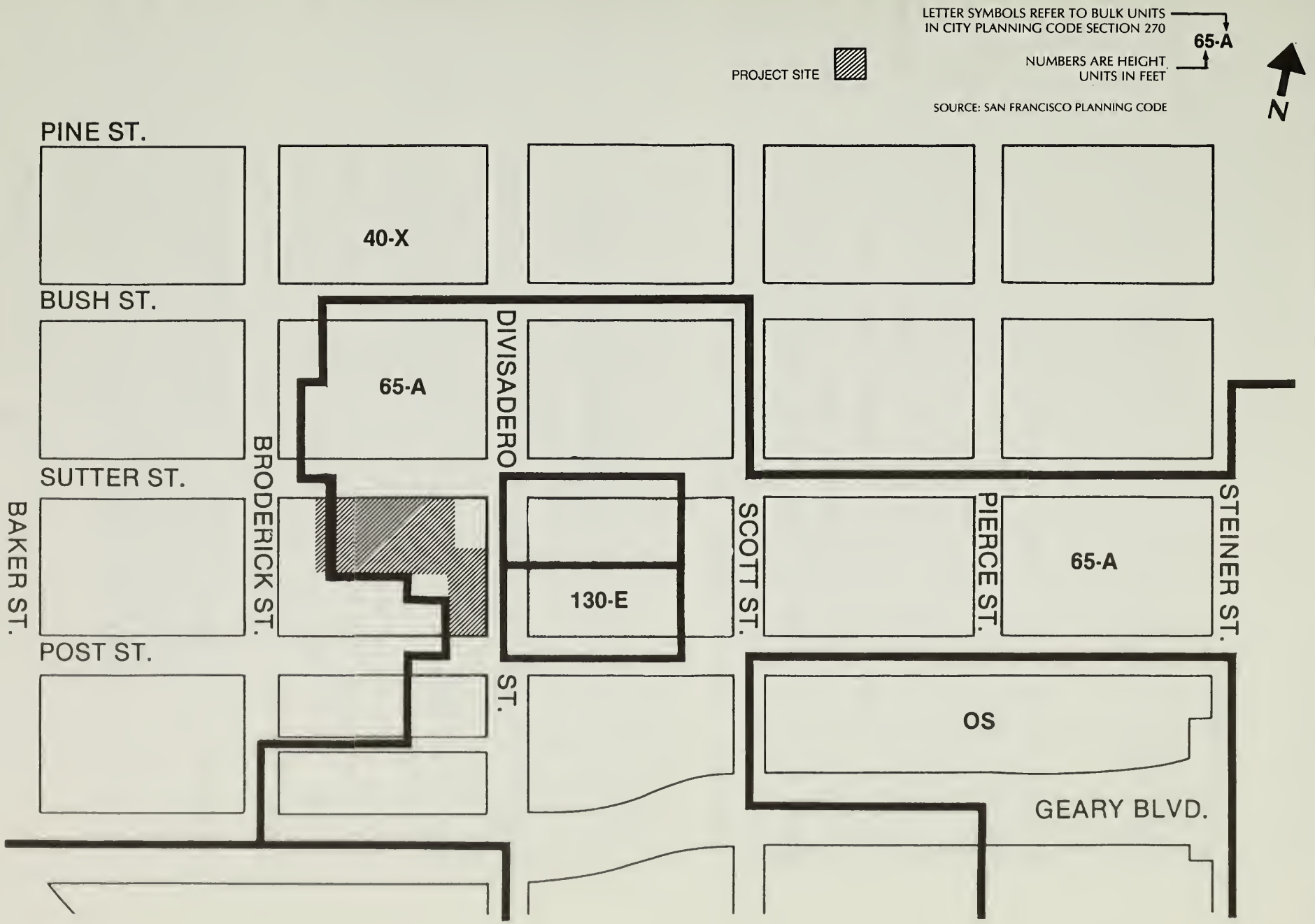
[1] Mount Zion Hospital and Medical Center Institutional Master Plan, prepared by EIP Corporation, January 1985, page 7.

[2] Kaiser-Permanente San Francisco Medical Center Institutional Master Plan, prepared by EIP Corporation, July 1983, page 10.

[3] San Francisco Department of City Planning, Neighborhood Commercial Rezoning, Proposal for Adoption, February 1985, updated March 28, 1985.

HEIGHT AND BULK DISTRICTS

FIGURE 9



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B. URBAN DESIGN

The project site is located within the City and County of San Francisco in the City's Western Addition. The term "Western Addition" originally referred to the area south of California Street to Divisadero Street, the western limit set by the legislative charter granted in 1851.[1] The Van Ness Ordinance of 1858 extended the grid pattern of streets and created public squares such as Jefferson, Alamo and Hamilton. Prior to its development as a residential district, the area contained a number of cemeteries that were later transferred to Colma. The current site of Kaiser Hospital and Medical Center, for example, was occupied by Calvary Cemetery. Residential development occurred mostly during the 1870s and 1880s. Another residential and commercial boom occurred following the 1906 earthquake and fire as residents fled westward from the burned rubble of downtown. Urban renewal efforts during the 1950s and 1960s and current redevelopment projects resulted in a modification of the landscape as older structures were razed and replaced by housing projects and open space. The area still contains a large stock of Victorian houses representing the many styles built between 1870 and 1900.

The project site contains two buildings. A two-story, wood-frame medical office building, located on Lot 25, contains about 2,100 square feet of space. The Crisis Clinic, a one-story wood structure owned by Mount Zion Hospital, occupies a portion of Lot 30. Neither of these buildings are rated by the 1976 Department of City Planning (DCP) Architectural Inventory or the Foundation for San Francisco's Architectural Heritage (Heritage).

About 23 buildings in the vicinity (1-2 blocks) have been rated by the 1976 DCP Architectural Inventory. As noted above, there are numerous Victorian residences in this area and they comprise the bulk of rated buildings. The project block contains three residential buildings on Broderick Street (1526, 1536, 1540) that are rated "2" or "3".[2] On the block to the north of the site, the Russian Center (2460 Sutter), a 3½ story German Baroque building, was built in 1910 and is rated "3".

Surrounding buildings range in size from the seven- to eight-story, multi-wing Mount Zion Hospital on Divisadero and Sutter Streets to one-story Victorian cottages of less than 1,000 square feet on Pine and Bush Streets. The tallest buildings in the immediate vicinity belong to Mount Zion Hospital. The East-West and North wings on the east side

of Divisadero between Post and Sutter are both seven stories. The Pavilion, on Sutter between Divisadero and Scott, is eight stories. The dominant scale in the area is two- to three-story residential buildings, with flats or apartments atop garages or ground floor retail.

About three-quarters of the project site is occupied by parked cars. Since most of the site is open, it is possible to see the rated Russian Center building across the block from Post to Sutter (Figure 10, page 26). Views from near the site are either short views, typical of an urban environment, of streets and hills covered with houses and medium and high-rise apartment buildings, or longer views to the Financial District skyline, which are disrupted by overhead cables, telephone poles, parked cars, aerial antennae, signs and structures. From the corner of Post and Divisadero, views travel west up to Presidio Street where the Muni car barn sits on top of the hill. From this corner looking southwest, the top of Kaiser Hospital and Terra Vista apartments can be seen. To the east, from both Sutter and Post Streets, the tops of downtown highrises are visible.

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[1] Here Today, San Francisco's Architectural Heritage, by Roger Olmsted and T. H. Watkins, San Francisco: Chronicle Books, 1968, page 112.

[2] The San Francisco Department of City Planning conducted a citywide inventory of architecturally significant buildings in 1976. In the 1976 Department of City Planning Architectural Inventory, approximately ten percent of the City's entire stock of buildings were awarded a rating for architectural merit ranging from a low of "0" to a high of "5." The total number of buildings which were rated from "3" to "5" represent less than two percent of the City's entire building stock.

PROJECT AREA PHOTOGRAPH

FIGURE 10

SOURCE: EIP ASSOCIATES

C. TRANSPORTATION, CIRCULATION AND PARKING

1. Street Network

The project area is served by a grid-street network. Primary access is available via Divisadero Street, a four-lane north-south street through the City. Another north-south travel corridor is Masonic Avenue, about six blocks west of the site. Geary Boulevard and Pine-Bush Streets provide east-west travel corridors south and north of the site, respectively. All of the above streets are designated "Major Thoroughfares" in the Transportation Element of the City's Master Plan. Geary Boulevard and Divisadero Street are designated "Transit Preferential Streets" in the Transportation Element of the City's Master Plan.

The primary access to the garage (and the only entrance) would be on Post Street via Erkson Court. Post Street is two lanes eastbound and one lane westbound with curb parking on both sides. An exit would be located on Sutter Street about 300 feet west of Divisadero Street. At this point, Sutter Street is a two-way, two-lane street with curb parking on both sides. The two adjacent intersections -Sutter/Broderick and Sutter/Divisadero - are controlled by traffic signals.

Regional access to and from the Peninsula and East Bay is available via Highway 101 (the Central Freeway), approximately one mile east of the Hospital. Travel to and from the North Bay can be made on various surface streets to reach either Highway 1 (Park Presidio Boulevard) or Highway 101 (Doyle Drive) corridors to the Golden Gate Bridge.

To establish existing traffic flow conditions, p.m. peak-hour turning movements counts were conducted at the intersections of Divisadero/Geary, Divisadero/Post, Divisadero/Sutter, and Sutter/Broderick.[1] The Divisadero/Geary intersection is currently operating at service level C-D (service level definitions and calculation sheets are included in Appendix B, page A-39), and is experiencing some peak-hour congestion on the Divisadero Street approaches. The remaining intersections of Divisadero/Post, Divisadero/Sutter, and Sutter/Broderick operate at free-flow service level A conditions (see Table 2, page 28, for Existing Level of Service Conditions).

TABLE 2
EXISTING LEVELS-OF-SERVICE AND VOLUME/CAPACITY (V/C) RATIOS
FOR P.M. PEAK HOUR

Intersection	Level-of-Service PM
Divisadero/Geary	C-D (0.81)
Divisadero/Post	A (0.41)
Divisadero/Sutter	A (0.34)
Sutter/Broderick	A (0.15)

Source: George Nickelson/Omni-Means, 1985.

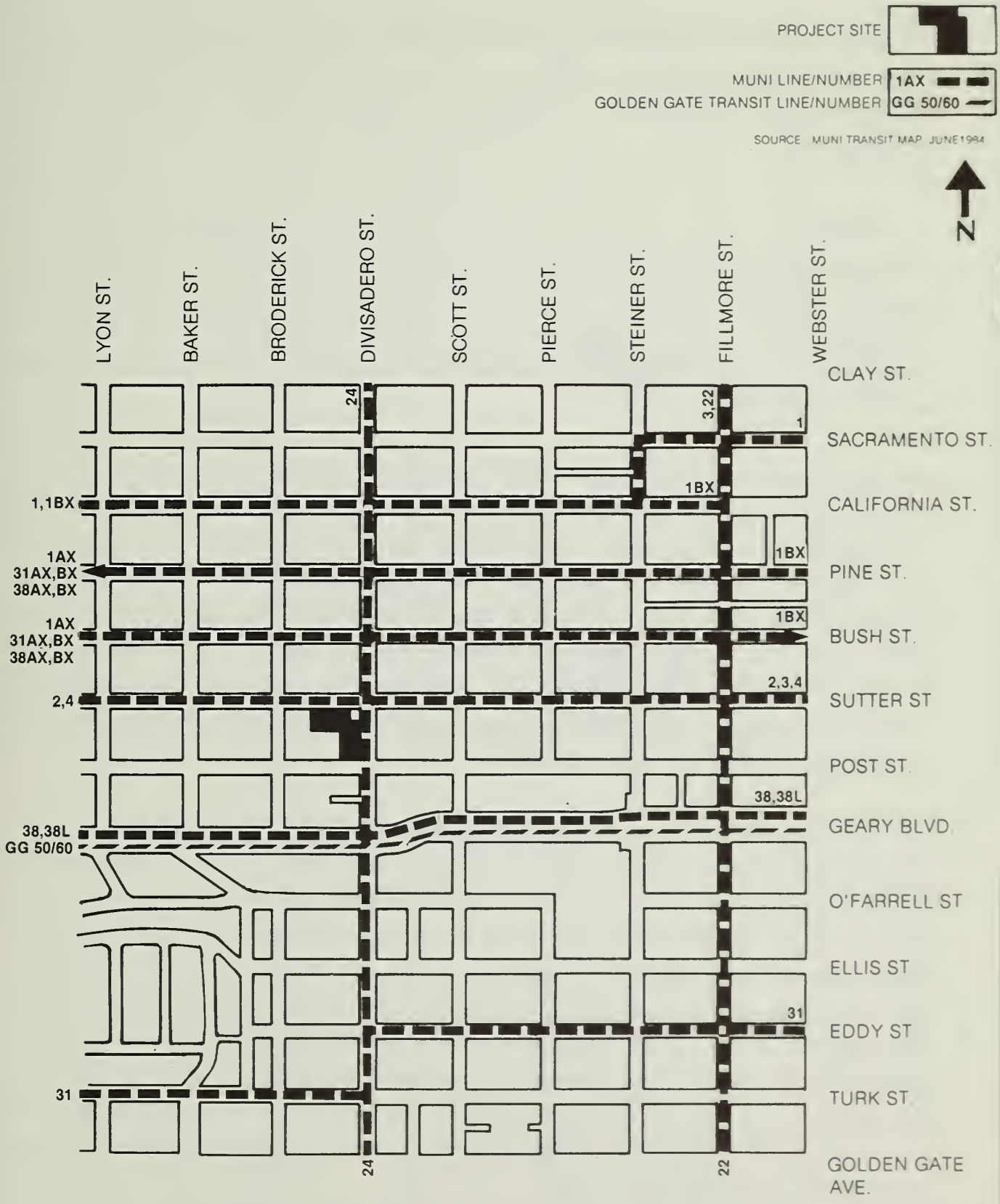
2. Transit Services

The project site is within a quarter-mile (three-to-four-block) walking distance of 11 Muni lines: the 1BX, 1, 2, 3, 4, 22, 24, 31, 38, 38L, and 43 lines (Figure 11, page 29). The 1AX, 31AX, 31BX and 38BX lines are express lines that do not stop in the project area; the 1BX is the only express line that stops in the area. The express buses operate only during the peak-commute periods and only in the peak direction. A load factor standard of 1.25 (Average Peak Load) is used during peak travel hours. (Load factor is the ratio of total passengers to the number of seated passengers.) Muni buses generally average 0.8 to 0.9 peak hour load factors (Level of Service C) and 0.5 to 0.6 off-peak (Level of Service B). Line 24, which is the only north-south line in the immediate project vicinity, peaks during the midday at a load factor of about 0.5.[2] The 38 Line running along Geary Boulevard operates with a load factor of .66 (Level of Service B) during the a.m. peak hour (in-bound). Information was not available for the p.m. peak hour (outbound).[2] The part of the route around Geary and Divisadero receives some of the line's heaviest loads due to passengers going to and from Kaiser Medical Center, however, additional capacity is available.[2] (Table B-2, page A-40, contains descriptions of the various Levels of Service for transit.)

Regional access to Marin and Sonoma counties is provided by Golden Gate Transit's 50/60 line which operates along Geary Boulevard on an hourly basis during the day (more

MUNI TRANSIT SERVICE

FIGURE 11



frequently during the morning and evening peak period). The bus stop nearest the project site is at Geary and Divisadero. There is no direct access to any other of the regional transit carriers (i.e. SamTrans, AC Transit, etc.). Access to these systems requires a Muni transfer.

3. Parking

A public parking study of the Mount Zion area was prepared in September 1983 for the San Francisco Parking Authority.[3] The survey inventoried the number, availability and occupancy levels of on- and off-street parking spaces within a study area bounded by Geary, Steiner, Pine and Lyon Streets (see Figure 12, page 31). The results of this study are summarized below.

As indicated on Table 3, page 32, over half of the 2,000 parking spaces within the Mount Zion area are located on the street. About half of the on-street spaces are unrestricted and are generally located south of Sutter Street. The next largest number of curb spaces are in the residential permit parking area. These spaces are for unlimited use by holders of valid G-Permits (residents and shop owners), but are restricted to two hours or less for other parkers. As shown in Figure 12, they are located in the northern portion of the study area, along Bush and Pine Streets and connecting blocks. Remaining curb spaces are metered with various time limits or are designated for special uses (truck loading, taxis, etc.) and are scattered throughout the study area.

Less than half the study area spaces surveyed are off-street. These are generally in small, surface parking lots in the study area's southeast portion. Largest among these is the project site, a 175-car Mount Zion public parking lot immediately west of the Hospital. Additional off-street facilities in the study area include two lots in the block south of Mount Zion Hospital with capacity for 80 and 86 cars, and the 61-space Mount Zion Hospital doctor's parking lot located one block east of Mount Zion Hospital. Mount Zion owns or leases a total of 291 parking spaces in five separate lots. Public parking fees in the off-street facilities are generally in the range of $0.75-$1.50 per hour, and have daily maximums of $2.50-$4.25. Some spaces are also available on a monthly rental basis. The 175-space Mount Zion lot charges $7.00 for all day parking; hourly rates are comparable to other lots in the area.

EXISTING PARKING

FIGURE 12

SOURCE: DKS ASSOCIATES, PUBLIC PARKING STUDY, MOUNT ZION HOSPITAL AREA, SEPTEMBER 1983; UPDATED JUNE 1984

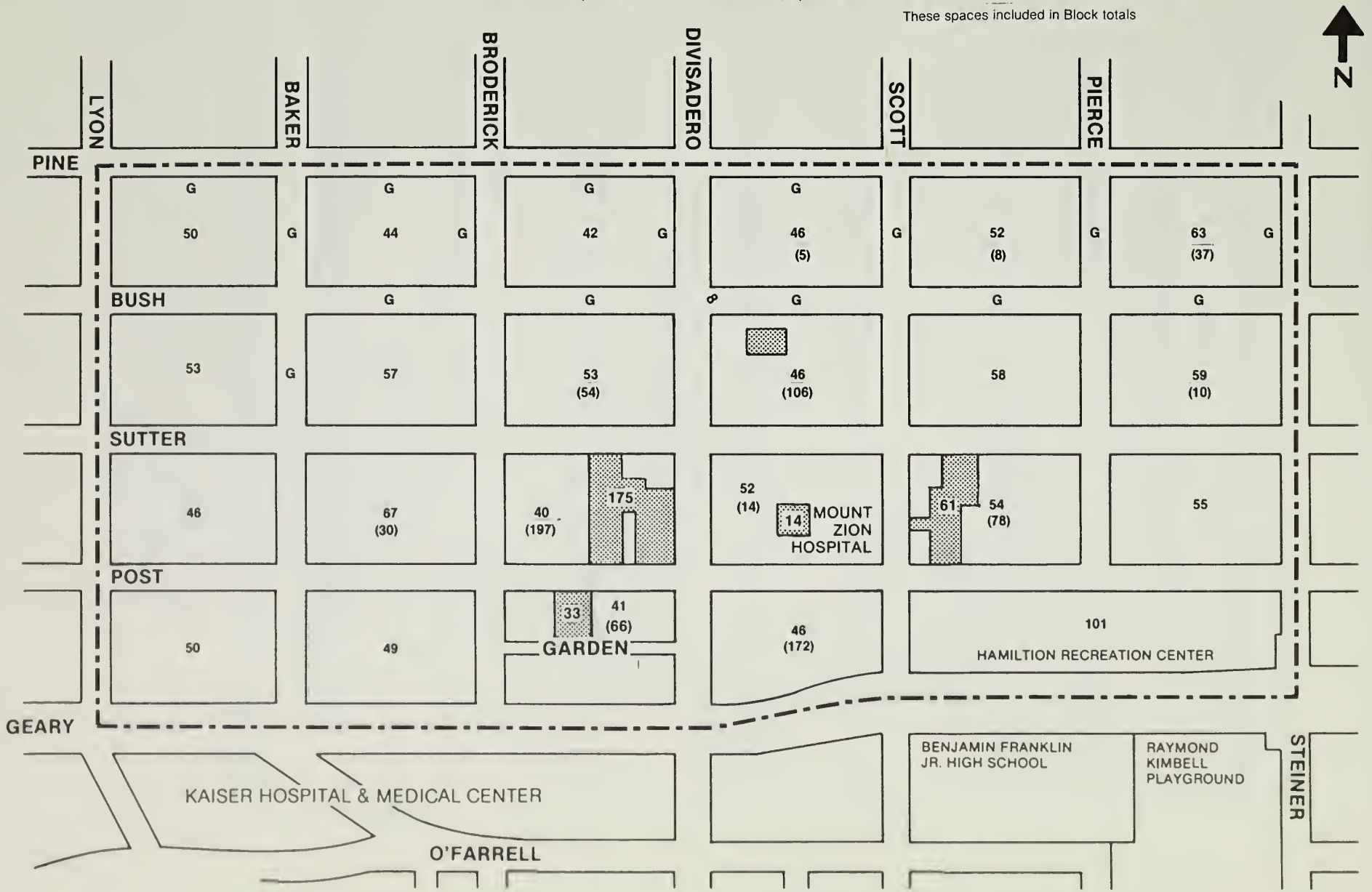


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TABLE 3

PARKING SPACES WITHIN THE EXISTING MOUNT ZION STUDY AREA[1]

On-Street	Number of Spaces
2-Hour Unmetered	91
2-Hour G-Permit, Unmetered	370
2-Hour Metered	16
1-Hour Metered	68
30-Minute Metered	12
10-Minute Unmetered	12
Unrestricted Parking	547
Yellow Loading Zone	24
White Loading Zone	74
Taxi Zone	1
Handicapped	9
Subtotal On-Street	1,224
Off-Street	
Mount Zion Parking Lot Across from Hospital	175
Mount Zion Doctor's Parking Lot	61
Other Mount Zion Lots	55
Other Parking Lots	486
Subtotal Off-Street	777
Total Parking Spaces	2,001

[1]See Figure 12, page 31 for study area boundaries.

Source: DKS Associates, Public Parking Study, Mount Zion Hospital Area, September 1983; updated by Richard Willis, Manager, Support Services, Mount Zion Hospital and Medical Center, June 1984.

To estimate typical parking characteristics in the study area, a utilization survey was conducted for Wednesdays, Fridays and Saturdays. Of the three survey days, highest utilization was generally observed Wednesday and Friday with demand peaking in the midafternoon. On two of the survey days, on-street parking occupancy over the entire study area reached 93%, with individual blocks still higher. In all cases, on-street spaces are more heavily utilized (93% occupied) than off-street lots (70% occupied), probably due to the relatively high off-street parking fees and the number of unrestricted curb spaces available (45% of on-street spaces are unrestricted). However, the percentage of spaces occupied in the Mount Zion parking lot is consistently higher than the other lots (83% vs. 70%). The overall parking occupancy average for both on-street and off-street parking is 87%.

Peak parking demand for Mount Zion employees based on current modal split is estimated as follows:

- 973 average daily employees (represents day- and night-shift employees who have overlapping parking demands) x 57%[4] who drive alone = 555 parking spaces
- 973 average daily employees x 10%[4] who carpool/2.9 persons per carpool = 34 spaces.

This suggests that on an average day, the midafternoon peak employee parking demand is 575-600 spaces. In addition, parking demand for physicians working at Mount Zion totals approximately 80 spaces.[5]

The total peak parking demand based on existing Mount Zion facilities would be the following:

Mount Zion Physicians	=	80	spaces
Mount Zion Employees	=	600	spaces
Mount Zion Patients/Visitors	=	100	spaces[6]
	Total	780	spaces

Mount Zion has 291 off-street parking spaces available in five separate lots. Mount Zion's existing parking demand exceeds the off-street parking supply by about 490 spaces (780 demand - 291 Mount Zion spaces = about 490). Mount Zion's 780-space total parking demand represents about 39% of all off-street and on-street parking in the area. This demand results in Mount Zion employees and visitors using on-street spaces that would

otherwise be available for existing businesses and residences. The initial Public Parking Study indicated about 37% of the vehicles parked on-street were Mount Zion employees and 5% belong to patients or visitors,[6] confirming estimates of parking demand.

The 1979 Mount Zion employee TSM Plan set a goal of 42% drive alone auto use, 21% ridesharing and 32% transit use. If these TSM goals were met, the number of employee parking spaces required would be about 480 spaces calculated as follows:

- 973 average daily employees x 42% drive alone = 409 spaces.
- 973 average daily employees x 21% carpool/2.9 persons per carpool = 70 spaces.

The total peak parking demand based on existing Mount Zion facilities would be the following:

Mount Zion Physicians	=	80 spaces
Mount Zion Employees	=	480 spaces
Mount Zion Patients/Visitors	=	100 spaces[6]
		660 spaces

The 1979 TSM goals, if achieved, would eliminate the need for 120 parking spaces.

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[1] Counts conducted by Omni-Means, Ltd., on March 17, 1983, September 6, 1984, April 16, 1985, and April 24, 1985.

[2] Charles Romeyn, Muni Scheduling Department, telephone conversations, January 7 and February 18, 1986.

[3] DKS Associates, Public Parking Study, Mount Zion Hospital Area, September 1983; parking space counts updated June 1984 (see Table 3, page 32) by Richard Willis, Manager, Support Services, Mount Zion Hospital and Medical Center.

[4] EIP Corporation, Mount Zion Hospital Employee Travel Survey, February 1984. (See Appendix B, page A-50.)

[5] Mount Zion Hospital and Medical Center, Institutional Master Plan, January 1985.

[6]DKS Associates, Public Parking Study, Mount Zion Hospital Area, September 1983; responses of those surveyed indicate about 5% of all on-street and off-street parkers are visitors or patients. (5% of 2,001 parking spaces in the area = 100.) This number represents the number of visitor vehicles in the area at any one time. The actual number of visitors/patients visiting Mount Zion daily would be much higher due to parking turnover.

D. AIR QUALITY

The Bay Area Air Quality Management District (BAAQMD) operates a regional monitoring network which measures the ambient concentrations of six air pollutants: ozone (O_3), carbon monoxide (CO), total suspended particulates (TSP), lead (Pb), nitrogen dioxide (NO_2), and sulfur dioxide (SO_2). On the basis of the monitoring data, the Bay Area, including San Francisco, currently is designated a non-attainment area with respect to the federal ozone and CO standards. A three-year summary of the data collected at the BAAQMD monitoring station nearest the project site (about 2.5 miles southeast at 900 23rd Street) is shown in Appendix C, page A-55, together with the corresponding federal and/or state ambient air quality standards. In 1984, there was one violation of federal and state ozone standards, one violation of federal and state eight-hour CO standards; in 1983, there was one violation of the federal and state one-hour average ozone standards and four violations of the previous state 24-hour average TSP standard; and in 1982 there was one violation of the federal and state eight-hour CO standard, and three violations of the state 24-hour average TSP standard.[1]

BAAQMD has conducted two CO "hotspot" monitoring programs in the Bay Area, including San Francisco. One CO monitoring program was conducted during the winter of 1979-80 and included the intersection of Washington and Battery Streets in San Francisco, about three miles east of the site.[2] The high eight-hour average concentration was 10.1 ppm, which violates the 9-ppm state and federal standards by 1.1 ppm. The high one-hour average concentration of 15 ppm does not violate the 20-ppm state standard or the 35-ppm federal standard. Another CO monitoring program was conducted during the winter of 1980-81 and included the San Francisco intersections of Geary and Taylor Streets, about 1.5 miles east of the site, and at 100 Harrison Street at Spear, about 2 mile southeast of the site.[3] At Geary and Taylor the observed high eight-hour average concentration was 11.5 ppm, which violates the standards by 2.5 ppm and the high one-hour concentration was 15 ppm which does not violate the standards. At Harrison Street the observed high eight-hour and one-hour average concentrations were 7.8 ppm and 13 ppm, respectively, which do not violate the standards. These data indicate that locations in San Francisco near streets with high traffic volumes and congested flows may experience violations of the eight-hour CO standard during adverse meteorological conditions.

Comparison of these data with those from other BAAQMD monitoring stations indicates that San Francisco's air quality is among the least degraded of all the developed portions of the Bay Area. Two of the three prevailing winds, westerly and northwesterly blowing off the Pacific Ocean reduce the potential for San Francisco to receive pollutants from elsewhere in the region.

San Francisco's air quality problems, primarily CO and TSP, are due largely to pollutant emissions from within the City. CO is a non-reactive pollutant and its major source is motor vehicles. CO concentrations are generally highest during periods of peak traffic congestion. TSP levels are relatively low near the coast, increase with distance inland, and peak in dry, sheltered valleys. The primary sources of TSP in San Francisco are demolition and construction activities, and motor vehicle travel over paved roads.

San Francisco contributes to regional air quality problems, including ozone, which affect other parts of the Bay Area. Ozone is not emitted directly from sources, but is produced in the atmosphere over time and distance through a complex series of photochemical reactions involving hydrocarbon (HC) and nitrogen oxide (NOx) emissions, which are carried downwind as photochemical reaction occurs. Ozone standards are exceeded most often in the Santa Clara, Livermore, and Diablo Valleys, because the local topography and meteorological conditions favor the build-up of ozone and its precursors.

In 1982, motor vehicles were the source of 86% of the CO, 46% of the hydrocarbons (HC), 44% of the TSP, and 56% of the nitrogen oxides (NOx) emitted in San Francisco, while power plant fuel combustion was the largest single source of sulfur oxides (SOx), about 33% of the total.[4] These percentages are expected to apply reasonably well to current conditions.

In response to the Bay Area's ozone and CO nonattainment designations, the Association of Bay Area Governments (ABAG), BAAQMD, and the Metropolitan Transportation Commission (MTC) prepared and adopted the 1982 Bay Area Air Quality Plan, which establishes pollution control strategies to attain federal ozone and CO standards by 1987 as required by federal law.[5] These strategies were developed on the basis of detailed subregional emission inventories and projections, and mathematical models of pollutant

behavior, and consist of stationary and mobile source emission controls and transportation improvements. The BAAQMD, MTC, and California Bureau of Automotive Repair (a State agency) have primary responsibility for implementation of these strategies.

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[1]State standards for particulate matter changed in 1983 to concentrate on fine particulate matter which has been demonstrated to have health implications when inhaled. Concentration standards also changed. There is not yet an adopted method for monitoring fine particulate matter. Until the State adopts a method, it is not possible to determine what proportion of TSP in San Francisco would be subject to review against the new standards.

[2]Association of Bay Area Governments, AQMP Tech Memo 33, "Summary of 1979/1980 Hotspot Monitoring Program," Berkeley, California, June 1980.

[3]Association of Bay Area Governments, AQMP Tech Memo 40, "Results of the 1980/1981 Hotspot Monitoring Program for Carbon Monoxide," Berkeley, California, January 1982.

[4]Bay Area Air Quality Management District (BAAQMD), "Base Year 1982 Emissions Inventory Summary Report," San Francisco, California, November 1, 1982.

[5]Association of Bay Area Governments (ABAG), BAAQMD and MTC, 1982 Bay Area Air Quality Plan, Berkeley, California, December 1982.

IV. ENVIRONMENTAL IMPACTS

A. ISSUES NOT ADDRESSED

The Post Street Medical Center and Parking Garage were examined in an Initial Study to identify its potential effects on the environment. Some impacts of the proposed projects were determined to be potentially significant and will be analyzed below. Certain potential environmental issues were determined to be either insignificant or their potential impacts would be mitigated through measures incorporated into the project design. These will not be addressed in the EIR: scenic views and vistas; light and glare; population, employment and housing; noise; construction air quality; impacts from odors/burning of materials; shadows; utilities and public services; geology/topography; water; hazards; cultural resources; and biology. A copy of the Final Initial Study is attached to this report as Appendix A, page A-1.

B. LAND USE AND ZONING

1. Land Use

Construction of the Post Street medical center and garage would involve demolishing one medical office building, relocating the Crisis Clinic to Post Street, and developing a vacant lot and the surface parking lots. The proposed project would increase the intensity of medical office and parking uses on the site and would add retail space on the ground floor along Divisadero Street. The two structures would add about 200,000 gross square feet of building area to the site. The parking structure would represent a net increase of 431 spaces on site after demolition of the 175-space parking lot.

There are two other major projects within one quarter mile of the proposed project. Currently under review is a proposal by Kaiser Hospital to add a north wing to the hospital at St. Josephs at Geary Boulevard and to construct a 553-space parking garage on the block bounded by O'Farrell, St. Joseph's, Divisadero and Geary. That parking structure along with the 606-space structure proposed as part of this project would represent a net increase of about 925 parking spaces in the area. Cumulative parking and traffic impacts are discussed in Chapter IV.D., page 54. The other project in the area that has been approved but not completed is the Winterland Condominium project, located on the block bounded by Post, Sutter, Steiner and Pierce Streets, two blocks east of the proposed project. It would contain about 390 units of housing and approximately 430 below-grade parking spaces.

2. Relationship to Plans

There are several objectives and policies of the Commerce and Industry Element[1] of the City Master Plan that would apply to the proposed project.

> Neighborhood Commercial, Objective 8: "Maintain and strengthen viable neighborhood commercial districts readily accessible to city residents."

The proposed medical center would represent a net addition of goods and services that would be accessible to local residents. From Post Street north, to where it would meet the existing building on Divisadero, the medical center would provide a continuous frontage along Divisadero that would contain ground floor retail activity.

Objective 8, Policy 1: "Promote the multiple use of neighborhood commercial areas with priority given to neighborhood-serving retail and service activity."

The proposed medical center would contain mostly clinics, examination rooms and medical office space. About 8% of the total gross square footage would be devoted to retail uses. The retail portion would be on the ground floor, facing Divisadero Street. The multiple uses of the entire proposed project, in order of amount of space, would be parking, medical center facilities (clinics, surgical areas), medical offices, and retail.

Objective 8, Policy 3: "Protect environmental quality in neighborhood commercial areas."

The proposed medical center would have a continuous building facade with retail stores on the ground floor along Divisadero Street. It would not include an open parking lot or blank building walls. Medical office uses would be located above the ground floor. Currently there are no trees or landscaping along the Post, Sutter and Divisadero Street frontages. The project sponsor would provide trees along these streets in front of the project. Removal of the surface parking lots that now occupy three-quarters of the site would provide an aesthetic change. An asphalt lot and rows of parked cars would be replaced by structures offering pedestrian interest.

Objective 9, Policy 2: "Encourage the extension of needed health and educational services, but manage expansion to avoid or minimize disruption of adjacent residential areas."

This policy states that "medical institutions are required to develop and submit master plans to the City prior to any specific expansion request." The proposed project is included in Mount Zion's Institutional Master Plan (IMP), published January 8, 1985 (Proposal #2, page 52). It is described as a short-range (up to five years) plan. All of the project site with the exception of Lot 24, is currently zoned C-2, which would allow for development of a medical building and garage. Lot 24 is zoned RM-1, which would require a rezoning to allow the garage. Development of the garage on this lot would preclude potential residential development. The Mount Zion IMP noted that the hospital's demand for parking exceeds its capacity to provide off-street spaces. The resultant overflow on to neighborhood streets creates a situation that the hospital and community would like to resolve. Additional off-street parking provided by the proposed project would minimize

disruption of adjacent residential areas. (See also discussion below under Residence Element, Objective 6, Policy 3.)

Objective 9, Policy 3: "Promote the provision of adequate health and educational services to all geographical districts and cultural groups in the City."

This policy notes that San Francisco has a well-developed public and private health care delivery system but adds that "the clustering of many of these major facilities in relatively few areas creates problems in the adjacent residential neighborhoods." Kaiser Foundation Hospital is located about two blocks to the southwest of Mount Zion Hospital. The proximity of two large hospitals in the area has resulted in a concentration of medical offices and related uses such as pharmacies and convalescent homes. (This is discussed further in Section III.A. Land Use and Zoning, page 17.) The proposed project would contribute to medically-related uses in the area. One of the major problems to emerge from the presence of the two hospitals is a virtual saturation of on-street parking in the neighborhood. The proposed 606-space garage could alleviate some of this problem in the vicinity of Mount Zion Hospital.

The Residence Element contains a policy that is applicable to the proposed project.[2]

Objective 6, Policy 3: "Minimize disruption caused by expansion of institutions into residential areas."

This policy notes that expansion of institutions into residential areas often conflicts with efforts to preserve and protect the scale of such residential areas. To minimize any disruption, the policy recommends careful review of institutions' future development plans. Interested citizens and local residents were given an opportunity to review Mount Zion's plans for a medical office building and parking structure during the Institutional Master Plan (IMP) process (pursuant to Section 304.5 of the City Planning Code). Several community meetings culminated with the publication of the IMP and a public hearing before the City Planning Commission on February 7, 1985. Testimony taken from the public hearing indicated support for the hospital's plans and the desire to include ground-level retail in any building on Divisadero Street.

3. Zoning

All of the project site, except for Lot 24, is in a C-2 (Community Business) District and a 65-A Height and Bulk District. Lot 24 is designated RM-1 (Residential Mixed Districts, Low Density) and is in a 40-X Height and Bulk District. A commercial garage on Lot 24 would not be allowed under existing zoning and a rezoning would be necessary. A medical office building and parking structure would be principal permitted uses in a C-2 District. Pursuant to Section 223(m) and (n) of the Code, the parking structure would require Conditional Use (CU) authorization because the building is not completely enclosed. The basic allowable FAR in a C-2 District is 3.6:1. The FAR for the proposed project would be 3.2:1, below the basic FAR for C-2 Districts.

The proposed medical center structure would deviate from existing bulk controls. Under existing height and bulk controls, above a height of 40 feet, the maximum length allowed would be 110 feet and the maximum allowable diagonal dimension would be 125 feet. As presently designed, the building would be set back at 40 feet (fourth level) at the end of the building closest to Sutter Street (see Figure 2, page 11). The maximum length above 40 feet would be 96 feet and the diagonal dimension would be 125 feet. The lower portion of the building closest to Post Street (see Figure 2) would be 43 feet in height as measured from the roof deck elevation to measured point of the centerline on the Divisadero Street frontage. The 40-foot height limit for the bulk calculations would be exceeded by 3 feet, and Conditional Use authorization would be required.

The Post Street Medical Center and parking garage is located in an area that is part of the City's overall proposal for Neighborhood Commercial Rezoning. Interim controls were adopted by the City Planning Commission on March 28, 1985 and extended on February 6, 1986. The entire site, including Lot 24, would be rezoned to NC-3 (Moderate Scale Neighborhood Commercial District). The controls are "designed to allow for growth and expansion that is compatible with the existing building and use scale."[3] The Interim Controls and guidelines are now in effect for all permit applications filed after January 14, 1985 and would apply to the proposed project.

The proposed project would conform to the proposed FAR, 3.6:1 (same as existing C-2). The Post Street Medical Center would be classified as "medical service," a permitted use. Conditional Use authorization would be required for the medical office building and parking garage because the lot is over 10,000 square feet and the medical, office and parking uses each exceed 5,000 square feet. Ground-floor retail, permitted in NC-3 District, and street trees, required in an NC-3 District, would be incorporated into the project design. The proposed parking garage would also require Conditional Use authorization. It is anticipated that the Board of Supervisors would vote on permanent controls in 1987.[4]

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[1]San Francisco Department of City Planning, Commerce and Industry, an Element of the Master Plan, adopted by Resolution No. 8001, June 29, 1978.

[2]San Francisco Department of City Planning, Residence Element, adopted by Resolution 7417, December 11, 1975, and amended by Resolution 10045, June 28, 1984.

[3]San Francisco Department of City Planning, Neighborhood Commercial Rezoning, Proposal for Adoption, February 1985, updated March 28, 1985.

[4]Scott Dowdee, Neighborhood Commercial Planner, Department of City Planning, telephone conversation, January 16, 1986.

C. URBAN DESIGN

The two-story woodframe medical office building currently on the site would be demolished. The Mount Zion Medical Crisis Clinic, a one-story wood-frame structure, would be moved from its present location on Sutter Street to the south side of Lot 32 on Post Street. The rest of the site is occupied by surface parking, most of which would be removed if the project is implemented. The proposed project would not demolish or directly affect any rated buildings. The existing through block view from Post and Divisadero Streets of the rated Russian Center building would be blocked by the proposed project (see Figure 10, page 26 and Figure 14, page 48).

The proposed medical center would be six stories high, about three to four stories taller than the nearby residential buildings but not as high as Mount Zion Hospital. The project's height and bulk would be greater than older residential and commercial buildings on Post and Divisadero Streets, but compatible with larger-scale development immediately to the east, such as Mount Zion Hospital and the Honey-baked Ham building at Geary and Divisadero Streets.

The proposed medical center would be 65 feet high at its tallest point. The building would be set back about 16 feet back from Post Street at the fourth level. A complementary setback from the project's own pedestrian entrance to the garage elevators on Divisadero Street would impart a sense of symmetry to the building when viewed from Divisadero and would reduce the height contrast with the adjacent buildings on that street. The facade would be composed of three main elements, the base, midsection and top. The ground-floor base would feature ground to ceiling picture windows of non-reflective glass, topped by awnings. The windows and awnings would offer pedestrian interest and protection. Above the base, the regular pattern of articulated windows with unbroken vertical columns would provide visual interest and offset the bulk of the structure. This midsection, capped by a continuous cornice, would include the second, third and fourth floors. The fifth and sixth floors would have the same window pattern as the midsection. The center element would be an ornamental pediment, an enlargement of the same theme used over the entrance on the ground floor. The project does not contain any open space.

The garage would be a low (36-foot high) horizontal structure. The upper deck of the five-level garage would be exposed and parked cars would be visible through separations

between the levels. The garage would occupy a large portion (about 240 feet) of the Sutter Street frontage, as compared to the four residential structures to the west of it, with street frontages of 25-30 feet each. Three regularly-spaced vertical elements capped by decorative pediments would break up the horizontality of the structure. Street trees and hanging vegetation would partially screen the garage from the view of passers-by. In relation to neighboring buildings the garage would be 10-15 feet taller than adjoining buildings on Sutter Street.

Massing studies of the proposed project (Figures 13-18, pages 47-52) show it in relation to the taller Mount Zion Hospital and some of the typical adjacent two-story buildings.

The proposed project would not generate obtrusive light or glare. Reflective glass would not be used. The medical center building would operate during normal business hours and interior lights would be shut off when the offices were unoccupied. The parking garage would be open at night, however, the relatively low level of lighting would not affect neighboring properties. Glare from headlights of cars in the garage would be contained in the structure, blocked from the outside by the height of the walls.

The Urban Design Element of the San Francisco Master Plan contains policies and principles which may be used to evaluate the project. Table 4, page 53, The Relationship Between Applicable Urban Design Polices of the Master Plan and the Proposed Project, compares the project to these policies.

MASSING STUDY - VIEW FROM POST ST.

FIGURE 13

SOURCE: EIP/De QUESADA

MASSING STUDY - VIEW FROM POST / DIVISADERO

FIGURE 14

SOURCE: EIP/De QUESADA

5026

MASSING STUDY - VIEW FROM SUTTER/DIVISADERO

FIGURE 15
SOURCE EIP/De QUESADA

85026

MASSING STUDY - VIEW FROM SUTTER/DIVISADERO

FIGURE 16

SOURCE: EIP/De QUESADA

MASSING STUDY - VIEW FROM DIVISADERO/O'FARRELL

FIGURE 17

SOURCE: EIP/De QUESADA

MASSING STUDY - VIEW FROM MASONIC

FIGURE 18

SOURCE: EIP/DeQUESADA

TABLE 4

RELATIONSHIP BETWEEN APPLICABLE URBAN DESIGN POLICIES OF THE MASTER PLAN AND THE PROPOSED PROJECT

URBAN DESIGN PLAN POLICIES:	
Objective 3, Policy 1 - "Promote harmony in the visual relationships and transitions between new and older buildings. New buildings should be made sympathetic to the scale, form, and proportion of older development."	The project would introduce a six-story building on a block of one- to four-story buildings. To the east of the site some of the Mount Zion buildings are taller. In general the residential and commercial structures are older and smaller than newer commercial development. The proposed project would relate more to the scale of the newer commercial and institutional buildings in the area than to older residential and commercial buildings.
Objective 3, Policy 2 - "Avoid extreme contrasts in color, shape and other characteristics which will cause new buildings to stand out in excess of their public importance."	Windows throughout the project would be non-reflective for pedestrian viewing. The exterior texture would be concrete, sandstone-tinted, with granite/marble cladding on the ground floor. Older buildings in the area are mostly wood and stucco. The ground-level commercial frontage would re-establish the continuous building line along Divisadero Street.
Objective 3, Policy 5 - "Relate the height of buildings to important attributes of the City pattern and to the height and character of existing development."	The proposed project would replace a surface parking lot with a 65-foot building and a 36-foot garage. The medical center would become the tallest building on the project block. The setbacks of the building would respect the height of the adjacent buildings on Divisadero Street.
Objective 3, Policy 6 - "Relate the bulk of buildings to the prevailing scale of development to avoid an overwhelming or dominating appearance in new construction."	As noted in Objective 3, Policy 1, the project would be large-scale in comparison to the residential neighborhood and to the older commercial development on Divisadero Street. It would be smaller in scale than Mount Zion Hospital, directly across the street from the project site.

D. TRANSPORTATION, CIRCULATION AND PARKING

1. Trip Generation and Modal Distribution

As proposed, the six-story Medical Center Building would total about 70,475 gross square feet (gsf), with approximately 64,875 gsf medical office and clinic/surgery space and 5,600 gsf of medical related retail. Based on ITE trip generation rates, the project would generate 4,735 daily person trips with approximately 330 in the p.m. peak hour.[1] (See Table 5, below.)

About half of the p.m. peak hour trips are work related with the other half being non-work related. To convert these p.m. person trips into p.m. peak hour vehicle trips, transportation surveys were conducted in the project area to determine what mode of travel people utilize to/from the project area. Transportation surveys were conducted for both employees and visitors[2] (see Table 6, page 55). A summary of survey responses of the 1984 Mount Zion Hospital Employee Transportation Survey is included in Appendix B, page A-50. (See page 61 for a discussion of previous surveys.)

TABLE 5
TRIP GENERATION FOR POST STREET MEDICAL OFFICE BUILDING

Medical Center	64,875 gsf x 60 Daily Person Trips/1000 s.f.[1] =	3,895 Daily Person Trips
Retail	5,600 gsf x 150 Daily Person Trips/1000 s.f.[1] =	840 Daily Person Trips
	TOTAL =	4,735 Daily Person Trips

390	Daily Medical Center work trips[2]
3,505	Daily Medical Center non-work trips[2]
35	Daily Retail work trips[2]
805	Daily Retail non-work trips[2]
4,735	Daily Person Trips

P.M. Peak Hour = 7% of Daily Total Person Trips[1] = 330 P.M. Peak Hour Person Trips

155	p.m. peak hour employee trips[3]
175	p.m. peak hour visitor trips
330	total p.m. peak hour trips

[1] ITE Trip Generation - Third Edition, 1982.

[2] Department of City Planning, Guidelines for Environmental Review, Transportation Impacts, November 1983.

[3] Square footage of building's medical office and clinic portion x 3.2 employees per thousand sq.ft. x 75% leaving in the p.m. peak hour. Robert Crommelin, Entrance-Exit Design and Control for Major Parking Facilities, October 1972.

TABLE 6
MODAL DISTRIBUTION OF P.M. PEAK HOUR PERSON TRIPS
FOR PROPOSED PROJECT

Employees[1]

Mode of Transportation	Number	Percent
Drive Alone	88	57%
Auto Passenger		
a. Dropped off	8	5%
b. Carpool/Vanpool	16	10%
Public Transit	33	21%
Other	10	7%
	155	100%

Visitors/Patients[2]

Mode of Transportation	Number	Percent
Drive Alone	91	52%
Dropped off	21	12%
Transit	44	25%
Walk	11	6%
Other	8	5%
	175	100%

[1]Mount Zion Hospital Employee Transportation Survey, January 1984.

[2]DKS Associates, Public Parking Study, Mount Zion Area, September 1983. Prepared for San Francisco Parking Authority.

2. Project Traffic Effects

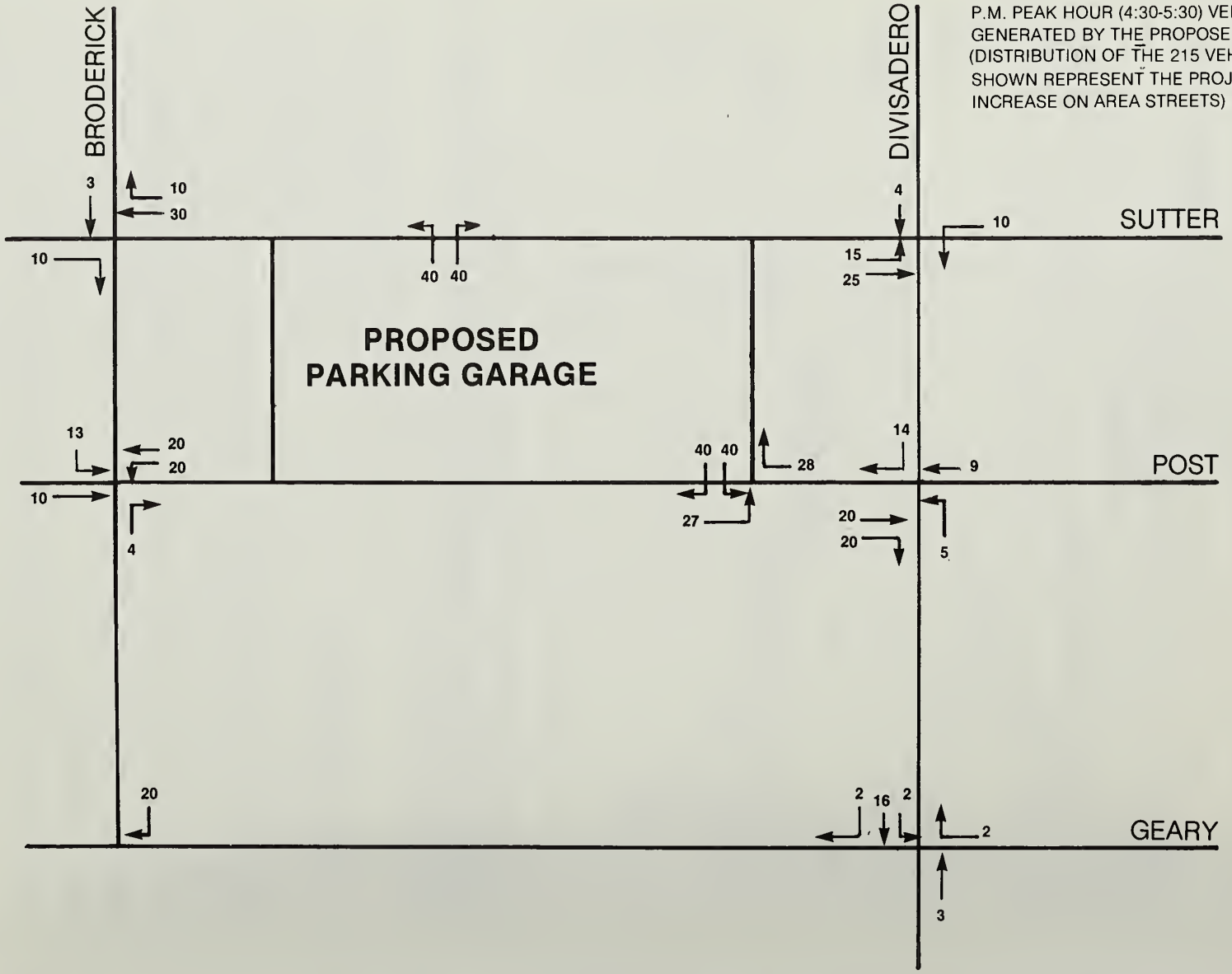
A total of about 215 p.m. peak-hour vehicles would be generated by the proposed project. Of these trips, 75% would be outbound and 25% inbound. This project traffic reflects the net-vehicle increase on Mount Zion area streets. Excess spaces in the project garage beyond those needed to serve the project would replace existing parking on site or in the immediate vicinity. The Post Street Medical Center vehicle trip distribution is shown in Figure 19, page 56.

MEDICAL CENTER VEHICLE TRIP DISTRIBUTION

FIGURE 19

SOURCE: GEORGE NICKELSON/OMNI-MEANS, JUNE 1985

P.M. PEAK HOUR (4:30-5:30) VEHICLE TRIPS GENERATED BY THE PROPOSED PROJECT (DISTRIBUTION OF THE 215 VEHICLE TRIPS SHOWN REPRESENT THE PROJECT'S NET INCREASE ON AREA STREETS)



With the entrances/exits to the parking garage located on Post and Sutter Streets, respectively, project traffic would be focused at nearby intersections. Based on existing traffic flow conditions in the area, project traffic would be evenly distributed to/from the east and west on Post and Sutter Streets. Using these distributions, project traffic has been added to existing volumes to determine its effect on traffic operations. The Level of Service at Divisidero/Post, Divisidero/Sutter, and Sutter/Broderick are LOS A. The Level of Service at Divisidero/Geary is C-D. With project traffic added to existing intersections no change in level-of service was calculated (see Appendix B, page A-39).

Consideration has also been given to the effects of traffic entering the parking garage on Post Street. The proposed 606-space garage would primarily serve medical uses in the area. Based upon parking characteristics observed at comparable garages[3] about 70% of the spaces would generate an inbound trip during the peak hour of garage activity. Inbound garage activity would probably peak between 8:30 and 9:30 a.m., and outbound activity would peak in the afternoon about 2-3 p.m. With a ticket dispenser and gate entry, the average inbound vehicle queue at the entrance would be 3-4 cars during the peak inbound hour.[3] The garage entrance on Post Street could accommodate up to 8 vehicles that would queue on Erkson Court, a 160-foot alley dead-ending into the garage.

3. Parking

Based upon the expected trip generation and modal distribution, the project's parking demand has been calculated in Table 7, below. The project demand for 260 spaces would represent a peak condition occuring during the mid-afternoon.

An effective TSM program would reduce the number of parking spaces used by employees. If 42% of the employees drove alone, and 21% shared rides, as suggested in the 1979 TSM program, the number of employee parking spaces required for the new building would drop from 129 to 105 spaces.

It is noted that the City Planning Code would require about 207 spaces calculated as follows. This would be 53 spaces less than the calculated theoretical demand.

- o 1 space per 300 sq.ft. of occupied floor area (Medical Center): 59,143 sq.ft ÷ 300 = 197
- o 1 space per 500 sq.ft. of occupied floor area (retail): 4,760 sq.ft. ÷ 500 = 9.5

TABLE 7

PROJECT PARKING DEMAND

- 425 daily work trips (medical center and retail) x 67%[1] auto/1.1 persons per auto/2 trips per vehicle = 129 spaces
- 3,505 daily medical center non-work trips x 52% auto/2 trips per vehicle/8 turnovers daily[2] = 114 spaces
- 805 daily retail non-work trips x 23% auto/2 trips per vehicle / 5.5 turnovers daily[3] = 17 spaces

Total demand = 260 spaces

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[1] 57% drive alone plus 10% carpool/vanpool.

[2] Chambers and Associates, Patient/Visitor Transportation and Parking Demand Survey and Analysis, Kaiser Permanente Medical Center, San Francisco, August 1985.

[3] ESA, Access Survey of the Stockton-Sutter Garage, June 10, 1983.

The proposed 606-space parking garage would serve the needs of the project and Mount Zion Hospital as well as current needs in the area. The parking use would be as follows:

- Proposed Project Demand	=	260	spaces
- Replace Existing Lot	=	175	spaces
- Parking to accommodate a portion of Mt. Zion visitors, patients and employees who currently park on the street (see setting conditions)	=	171	spaces
TOTAL		606	spaces

The 171 parking spaces not necessary to replace the existing parking spaces or meet project demand would be available to Mount Zion visitors, patients, and employees and others who currently park on the street or in other, less conveniently located, off-street lots.

4. Transit Effects

As outlined in Table 6, page 55, the project would generate 77 p.m. peak hour person trips via public transit. With the exception of a small number of trips on Golden Gate Transit buses, the transit trips would occur on the Muni system. The project trips would add less than 1% to existing Muni ridership and would not be measurable within typical daily ridership fluctuations.

5. Cumulative Traffic and Parking Effects

Kaiser Hospital and Medical Center, located on the south side of Geary between Lyon and Divisadero Streets, generates traffic and contributes to the parking demand in the area. Kaiser anticipates a need for 1,364 total parking spaces.[4] (An aggressive TSM program would reduce this to 1,137 spaces, but this analysis addresses worst-case parking demand.) An EIP survey[5] indicates there are about 1,678 parking spaces within a 1,200-foot radius of the Kaiser Center, south of Geary Boulevard. (North of Geary was surveyed as part of Mount Zion study.) About 913 parking spaces are on-street spaces and 765 are off-street spaces owned or leased by Kaiser, which includes the 394-space Kaiser garage. Unrestricted on-street parking has a 89% rate of occupancy. Off-street parking was approximately 90% occupied, and Kaiser garage itself was 86% occupied during the peak-afternoon hours. Kaiser's anticipated parking needs would saturate existing on-street and off-street parking.

The Post Street Medical Center project would construct a 606-space parking garage on Sutter Street. Kaiser Medical Center is proposing a 553-space parking garage adjacent to its existing parking structure. (A net increase of 431 at Mount Zion and 494 at Kaiser.) These two parking structures represent a net increase of about 925 parking spaces in the area. This would be a 25% increase over the number of existing spaces. The addition of

the proposed garages would reduce the level of occupancy from an overall average of 85%[6] (on-street and off-street parking, north and south of Geary) to an overall occupancy rate of 75%.[7] Efforts by both garages to provide parking for employees and visitors who now park in the local neighborhoods, could cut existing on-street parking occupancy rates. If all the net new off-street spaces were used by autos that now park on-street, on-street occupancy rates could fall from 89-93% to less than 60%.[8] If the new available garage spaces were occupied at the same rate as the existing Kaiser and Mount Zion parking lots, about 513 spaces could be used by vehicles now parking on-street and on-street occupancy rates could average about 62%.[9] This reduction in demand for on-street parking could result in additional parking being available for local businesses and residents.

Each garage would tend to focus auto traffic, which is now dispersed throughout the local street network onto the streets accessing the garage entry and exit driveways. Geary Boulevard serves as the dividing line between the Mount Zion area to the north and the Kaiser area to the south. Each area, north and south, has a relatively independent circulation pattern. Employees, patients or visitors generally park on the north side of Geary for Mount Zion, and the south side for Kaiser. Thus they avoid crossing Geary on foot.

The proposed parking garage for Kaiser Hospital would result in cumulative traffic increases at the Geary/Divisadero intersection. The combined effect of the proposed project and the Kaiser garage would be an increase of about 5% in the intersection traffic. This would not change the level of service at the Geary/Divisadero intersection (see Appendix B, page A-39).

6. Mount Zion's TSM Program[10]

Mount Zion's TSM Program was established in 1974. It involves information dissemination, on-site sale of Muni Fastpasses, a Marin County bus shuttle, and free carpool parking, among other items discussed below.

The Marketing Services and Public Affairs Department of the hospital distributes brochures to employees encouraging transit alternatives and describing parking availability. This information is also announced in a weekly bulletin. The Department of

Supportive Services oversees and administers Mount Zion's parking supply. Those eligible for a parking space include doctors, department heads, administrative staff, home health care staff, as well as other full-time employees. Employees who request parking information are given transit information as well. People who live in San Francisco are particularly encouraged to ride Muni since Mount Zion is well-served by Muni. The Department of Supportive Services sells Muni Fastpasses on-site and their allotment sells out quickly. Copies of schedules for BART, AC Transit, SamTrans and Golden Gate Transit are also available through their office.

Mount Zion is currently discussing with Kaiser Hospital the possibility of sharing shuttle services. Kaiser Hospital has shuttle links to and from off-site parking lots, Transbay Terminal and the Montgomery Street BART station. The downtown shuttle operates between 7:00-9:00 a.m. and 4:15-6-15 p.m. Mount Zion employees will become eligible to share this service with Kaiser as part of a pilot program starting in May 1986. Mount Zion operates a shuttle service running between the hospital and Sausalito. It runs three times in the morning and evening and costs riders $40.00 a month, which is less than Golden Gate Transit. This service will be available to Kaiser employees as part of the cooperative program between both institutions.

Mount Zion provides free parking for employee carpools. A lot on the south side of Post Street between Divisadero and Broderick Streets accommodates 33 vehicles. It is reserved for carpools. The carpool must be registered with Mount Zion and must contain three passengers when it enters the lot. The lot is currently full and there is a waiting list of qualified carpools. Plans are being made to provide more carpool spaces in existing parking lots in the vicinity. Mount Zion and Kaiser Hospitals are currently discussing plans to establish a ridesharing program whereby prospective car/van poolers could attract riders/drivers from both workforces.

The most recent Mount Zion employee transportation survey was conducted in January 1984 (see Appendix B, page A-50). 57% of the respondents reported "drive alone" as their primary mode of travel. For purposes of comparison, the drive alone figure from previous employee surveys was 65% in 1979 and 49% in 1980. Between 1980 and 1984 there were no surveys. Mount Zion is planning to conduct another survey in the Spring of 1986; at the time of this writing the survey had not been distributed. The statistics cited for 1979 and

1980 were a result of two studies undertaken at the behest of the City. In 1979 the City conducted a Joint Institutional Transportation System Management Study that resulted in individual TSM plans for twelve separate institutions, including Mount Zion. The TSM plan elements for the hospital included ride sharing, transit services, parking management, marketing and administration. In addition, the plan established a drive alone goal of 42%. An evaluation of the effectiveness of the TSM plan at Mount Zion was conducted in October 1980 by Ira Fink and Associates under contract to the City.[11] They found that Mount Zion's efforts were generally successful and that employee awareness of alternatives to automobile use was significantly increased. Specifically, the percentage of all employees at Mount Zion who drove automobiles decreased from 65% to 49% and the percentage of ride sharers increased from 5% to 18%. (Public transit use remained constant at 25%.) The data for 1984 showed that 57% of employees were driving alone, 10% were ride-sharing and 20% were using public transit. Mount Zion was closer to meeting the 1979 42% goal in 1980 than they were in 1984. The elements of the TSM plan are basically the same now as they were in 1980, however, some of the items suggested in the 1980 Ira Fink report have been or are starting to be implemented. Carpools are now registered and some free carpool parking is available. Mount Zion and Kaiser Hospitals are planning shared shuttle services and carpool/vanpool matching services as described above.

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[1] ITE, Trip Generation - Third Edition, 1982.

[2] Mount Zion Hospital Employee Transportation Survey, January, 1984.

[3] Robert Crommelin, Entrance-Exit Design and Control for Major Parking Facilities, presented at 1972 Seminar - Los Angeles Parking Association, October, 1972.

[4] International Parking Design Inc., A Parking Demand and Supply Analysis for San Francisco Medical Center, April 26, 1985.

[5] EIP Associates, on-street parking survey, conducted May 14, 1985.

[6] Existing spaces: Kaiser 1,678, Mt. Zion 2,001, total 3,679.
Existing parking demand: Kaiser 1,398 autos, Mt. Zion 1,747, total 3,145.
Overall occupancy: 3,145/3,679 = 85%.

[7]Existing spaces (3,679) + net new spaces (925) = future spaces (4,604).
Existing parking demand (3,145) + additional project demand (Kaiser 72, Mt. Zion 250) = future demand (3,467).
Overall future occupancy = 3,467/4,604 = 75%.

[8]Existing on-street parking demand (1,847) - new garage parking spaces available (603) = new on-street parking demand (1,244).
New on-street parking demand (1,244)/existing on-street parking spaces (2,137) = 58%.

[9]New garage spaces available (603) x 85% existing garage occupancy rate = 513 spaces available for vehicles presently parked on-street.
New on-street demand (1,847-513) = 1,334.
New demand (1,334)/existing on-street spaces (2,137) = 62%.

[10]Information for this section from Doug Manley, Director of Supportive Services, Mount Zion Hospital and Medical Center, telephone conversations, January 9 and February 14, 1986; Janine Means, Department of Supportive Services, Mount Zion Hospital, April 4, 1986; and Barbara Jarvis, TSM Coordinator, Kaiser Hospital, telephone conversation, April 4, 1986.

[11]Transportation Systems Management Plan Evaluation Study, Final Evaluation Report, Mount Zion Hospital and Medical Center, prepared by Ira Fink and Associates in association with David Bradwell and Associates, December 1980. (This report is on file with the Department of City Planning, 450 McAllister Street, San Francisco, CA.)

E. AIR QUALITY

Upon completion, the project would affect air quality in two ways. Emissions would be generated by project-related traffic, and by combustion of natural gas for building space and water heating. Transportation sources would account for over 95% of project-related emissions.

Table 8, page 65, shows projected daily emissions of pollutants in 2000 from project-generated traffic, projected daily emissions in 2000 for the greater downtown and C-3 District development projected by the Downtown Plan EIR (EE81.3, certified October 18, 1984), and total emissions projected for the entire Bay Area by the 1982 Bay Area Air Quality Plan. The project would contribute about 5%[1] to the total emissions generated by Downtown Plan development, in 2000.[2]

Nitrogen oxides (NOx) and hydrocarbons (HC) are both chemical precursors of ozone. Motor vehicles emit more NOx than HC, and the emissions from building natural gas combustion would consist primarily of NOx. As demonstrated by the Livermore Regional Air Quality model (LIRAQ) regional ozone computer simulations conducted for the 1982 Bay Area Air Quality Plan, an increase in the future NOx emissions compared to HC emissions would lead to a decrease in ozone compared to present levels. This model has also shown that Bay Area ozone concentrations are expected to be within the federal standard in 1987, and thereafter. As the future NOx emissions from cumulative development in San Francisco would exceed future HC emissions, this development would not lead to an increase in total Bay Area ozone concentrations.

At the same time, total emissions of both NOx and HC are expected to decrease in San Francisco. Total NOx emissions would decrease in San Francisco by about two percent from 1984 to 2000, but would increase in the Bay Area by about five percent from 1984 to 2000. It is possible that excess NOx emissions generated by cumulative development (including the project) could increase ozone and/or nitrogenous oxidant concentrations further downwind, outside the Bay Area. In addition, NOx emissions generated by cumulative development (including the project) throughout the Bay Area could increase acid rain further downwind, outside the Bay Area, though to a relatively small extent due to the magnitude of the increase and to dilution over time and distance.

TABLE 8
PROJECTED DAILY POLLUTANT EMISSIONS

Pollutant	Emissions (tons per day)[1] Project 2000[2]	Downtown Plan[3] 2000	Bay Area[4] 2000
Hydrocarbons	.03	0.6	428
Nitrogen Oxides	.03	0.8	610
Carbon Monoxide	.36	6.6	1,883
Particulates	.05	1.3	649
Sulfur Oxides	.005	0.1	233

[1]Project and Downtown Plan emissions calculated using BAAQMD, vehicle emission factors. Emissions of HC, NOx, and CO include an assumed six minutes of idling time per vehicle trip. Emissions of TSP include dust disturbed from roadway surfaces.

[2]Based upon a weighted daily average of 21,395 miles traveled.

[3]Incremental emissions of C-3 District development, per the Downtown Plan EIR, Vol. 1, Table IV.1.2, p. IV.I.12.

[4]Cumulative total emissions of Bay Area development, per ABAG, BAAQMD, MTC, 1982 Bay Area Air Quality Plan, pp. 42, 53, and 112.

Source: EIP Associates.

In 1990 and 2000 (according to the Downtown Plan EIR), area-wide traffic volumes in the greater downtown area would increase by about 8% and 15%, respectively, over 1984 volumes; average traffic speeds would decrease by about one mph and two mph, respectively, from 1984 speeds. However, in 1990 and 2000 the average vehicle is expected to emit 32% and 43% less carbon monoxide (CO), respectively, than in 1984 due to ongoing state and federal emissions controls.

CO concentrations at 11 representative intersections in the downtown study area, as analyzed in the Downtown Plan EIR, would decrease from 1984 to 1990 and, thereafter, to 2000. CO concentrations at 10 of the 11 intersections would be within the state and federal standards in 1990 and 2000 under the Downtown Plan. CO concentrations at one intersection (Brannan and Sixth Streets) would continue to violate the state and federal eight-hour standards both in 1990 and 2000 under the Downtown Plan. This suggests that additional intersections not selected for analysis in the Downtown Plan EIR might also exceed air quality standards.

Curbside CO concentrations at selected intersections that would be affected by project-generated traffic and by cumulative development traffic were projected for conservative conditions, and are compared with ambient standards in Table 9, page 67. These projections were calculated using a revised version of the Modified Linear Rollback (MLR) method which was developed for the Downtown Plan EIR.

The results indicate that the state and federal one-hour average air quality standards are not violated at any of the three intersections studied. The state and federal eight-hour average air quality standards are currently violated at the Geary/Divisadero intersection but would improve under 2000 conditions.

The California Legislature has mandated a biannual inspection and maintenance (I/M) program which applies to most cars and light trucks in California. This program went into operation in March 1984. Vehicles covered by the legislation must undergo a check consisting of a visual inspection of the vehicle's emission control system, measurement of tailpipe emissions while the vehicle is idling and comparison of the measured emissions rates to the allowable limits for the appropriate year of manufacture and model of

TABLE 9

EXISTING AND PROJECTED CURBSIDE CARBON MONOXIDE CONCENTRATIONS AT SELECTED INTERSECTIONS

		Concentrations (ppm)[1]	
Intersection	Averaging Time	1984	Downtown Plan[2] 2000
Post/Divisadero	1-hour	11.4	8.4
	8-hour	9.0	6.4
Sutter/Divisadero	1-hour	10.6	7.9
	8-hour	8.4	6.0
Geary/Divisadero	1-hour	14.6	9.8
	8-hour	13.2	8.5

[1]Calculations for all scenarios were made using a revised version of the Modified Linear Rollback (MLR) method described in the Downtown Plan EIR. Background concentrations were calculated to be 7.4 ppm for one hour and 5.7 ppm for eight hours in 1984, and 5.7 ppm for one hour and 4.1 ppm for eight hours in 2000. Any underlined values are in violation of state or federal CO standards. The one-hour state standard is 20 ppm, the one-hour federal standard is 35 ppm, and the eight-hour state and federal standards are 9 ppm.

[2]Based on the economic forecast methodology contained in the Downtown Plan EIR, Volume 3, Table IV.I.3, p. C&R-I.8.

Source: EIP Associates.

vehicle. Vehicles must have the required emission control equipment and must meet the specified standards for hydrocarbons and carbon monoxide. If required emissions control equipment is not present it must be installed. If all required equipment is in place but the vehicle's emissions exceed the standards, the owner must to pay a maximum of $50 for service intended to result in compliance.

An annual I/M program was evaluated in the 1982 Bay Area Air Quality Plan based on the 1979 source inventory. Based on predicted reduction in hydrocarbons and CO of 25% in vehicles covered, a reduction in total motor vehicle-generated CO of about 18% would be expected. The reduction in total regional CO emissions would be about 16%. The reduction in motor vehicle-generated hydrocarbons would be about 17%; the reduction in total regional hydrocarbon emissions would be about 6%.

As CO concentrations in downtown San Francisco are almost entirely due to motor vehicles, future CO levels are predicted to be lower than they would be without an I/M program. Thus, actual concentrations are expected to be lower than CO concentrations shown in Table 9 and CO and HC emissions shown in Table 8, because the Downtown Plan EIR did not take the I/M Program into account.

Emissions of total suspended particulates (TSP) resulting from construction and from vehicle trips generated by the project and cumulative development would increase TSP concentrations, which could increase the frequency of TSP standard violations in San Francisco, with concomitant health effects and reduced visibility.[3]

Emissions of sulfur oxides (SOx) generated by the project and by cumulative development would not bring San Francisco's sulfur dioxide (SO_2) concentrations measurably closer to violating the standard.

The 1982 Bay Area Air Quality Plan contains strategies which consist primarily of HC and CO emission controls on stationary sources and motor vehicles, and transportation improvements, and are aimed at attaining the federal ozone and CO standards. As discussed above, emissions associated with the project and with cumulative greater downtown development under the Downtown Plan are not projected by this EIR or the

Downtown Plan EIR to increase ozone concentrations, and thus would not conflict with the objectives of the 1982 Bay Area Air Quality Plan regarding ozone. Cumulative greater downtown development is projected by the Downtown Plan EIR potentially to result in a violation of the eight-hour CO standard at the Brannan/Sixth intersection as analyzed therein. The model used to make the CO projections may not be accurate to within the percentages of the excesses. The Downtown Plan EIR includes a mitigation measure requesting BAAQMD to install CO "hotspot" monitors downtown in order to validate the model. Until additional "hotspot" monitoring is performed to validate the model projections, a determination of whether cumulative greater downtown development would conflict with objectives of the 1982 Bay Area Air Quality Plan regarding CO cannot be made.

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[1]This project contributes a larger amount of emissions than an office project of equivalent size in the Downtown area because about 70% of the project generated trips would be by auto.

[2]Impacts anticipated from cumulative greater downtown development have been analyzed in the Downtown Plan Environmental Impact Report (EIR), EE81.3, certified October 18, 1984. The air quality setting and impacts discussion in the Downtown Plan EIR (Vol. 1, pp. IV.I.1-19; Vol. 2, pp. 0.1-9; Vol. 3, Part 1, pp. C&R-I.1-11) is summarized in the text of this EIR and incorporated by reference herein.

[3]State particulate standards were changed in 1983 to concentrate on fine particulate matter which has been demonstrated to have health implications when inhaled. Until the State adopts a method for monitoring fine particulate matter, it is not possible to determine what proportion of TSP in San Francisco would be subject to review against the new standards, whether new standards would be violated, or what the health implications would be.

F. ENERGY

Pacific Gas and Electric Company supplies energy to San Francisco customers. Electrical energy is generated from various sources of energy including oil, gas, hydroelectric, geothermal, nuclear, wind, cogeneration and solid waste.[1] In future years PG&E expects to generate electricity from these sources and from coal. The proportion of energy generated from oil and gas is expected to decrease by 1990 with corresponding increases in the proportion of energy generated from other sources listed above.[2]

Annual energy consumption by existing uses on the site, a surface parking lot and a 2,100-square foot medical office building, is minimal.

Removal of existing structures would require an unknown amount of energy. Fabrication and transportation of building materials, worker transportation, site development, and building construction would require about 20 billion Btu of gasoline, diesel fuel, natural gas, and electricity.[3,4] Distributed over the estimated 50-year life of the project, this would be about 200 million Btu per year, or about 1.5% of annual building energy requirements.

New buildings in San Francisco are required to conform to energy conservation standards specified by Title 24 of the California Administrative Code. The State allows building developers to comply with the standards through the component performance standards method which requires the incorporation of a set of specific design features, through the use of nondepletable energy resources, or by demonstrating that the building would consume no more than a specified quantity of energy, expressed as Btus per square foot per year (energy budget).[5] Documentation showing compliance with these standards is submitted with the application for the building permit and the standards are enforced by the Bureau of Building Inspection.

Table 10, page 71 shows the estimated operational energy which would be used by the project. Peak electricity demand for the commercial space would be about 400 kW and would occur on hot summer afternoons in July and August. This would coincide with PG&E's peak electrical load periods which occur during July and August afternoons. Peak electricity use would be about .0002% of PG&E's peak load of 16,000 MW.[6] Annual and

TABLE 10

ESTIMATED PROJECT ENERGY USE[1]

Daily Natural Gas Consumption[2]	
Estimated daily natural gas consumption per square foot	40 Btu[3]
Estimated peak daily natural gas consumption	40 Therms
Monthly Electric Consumption[2]	
Estimated monthly electrical consumption per square foot	1.7 kWH (17,000 Btu)[4]
Estimated total monthly electrical consumption	.1 million kwH (1.1 billion Btu)
Annual Consumption	
Estimated total annual natural gas consumption	8,400 Therms
Estimated total annual electrical consumption	1.3 million kWh (13.3 billion Btu)
Connected kilowatt load	400 Kilowatts
Estimated total annual energy consumption	14 billion Btu (2,500 barrels of oil)

[1]The project would include 59,143 conditioned, occupied sq. ft. of office, clinic and surgical space and 4,760 conditioned, occupied sq. ft. of retail area. No emergency or auxiliary generators are proposed (Jorge De Quesada, October 1985). Energy use includes space conditioning, service water heating and lighting in accordance with allowable limits under Title 24. Estimated electricity includes an additional 5 kWh/sq.ft./yr. consumed by appliances such as typewriters, computers, coffeemakers, etc. than assumed by Title 24 estimates.

[2]Natural gas consumption estimates are based on the assumption that 10% of the total energy allowed under Title 24 would be consumed in the form of natural gas. These calculations are available for review at the Office of Environmental Review, 450 McAllister, San Francisco, California.

[3]Btu (British thermal unit): A standard unit for measuring heat. Technically, it is the quantity of heat required to raise the temperature of one pound of water 1° Fahrenheit (251.97 Calories) at sea level.

[4]Energy Conversion Factors:
one gallon gasoline = 125,000 Btu
one kilowatt (kw) = 10,239 Btu assuming operational efficiency of 33%
one therm = 100,000 Btu
one cu.ft. of natural gas = 1,100 Btu at source
one barrel of oil = 5,600,000 Btu
one gallon diesel = 138,700 Btu

Source: EIP Associates.

peak daily electricity consumption are shown in Figure 20, page 73. Peak natural gas consumption would be about 4 million Btu/day and would coincide with PG&E's peak natural gas load periods, January mornings. Peak project use would be about .11%of PG&E's peak load of about 3.7 billion Btu per day.[6] Annual and peak daily natural gas consumption are shown in Figure 21, page 74.

Project-related transportation would cause additional, off-site energy consumption (see Table 11, page 75). For the project trip generation described in the Transportation section, page 54, project-related trips would require gasoline, diesel fuel, and electricity annually as indicated in Table 11. These figures were calculated based on data contained in the Downtown Plan EIR. The total annual transportation energy demand, converted with at-source factors to a common thermal energy unit, would be about 40 billion Btu, the energy equivalent of 7,100 barrels of oil. This projected use is based upon the mix of highway vehicles in California in 1987. Vehicle fuel use is expected to decrease as the vehicle fleet becomes more efficient and fuel more expensive.

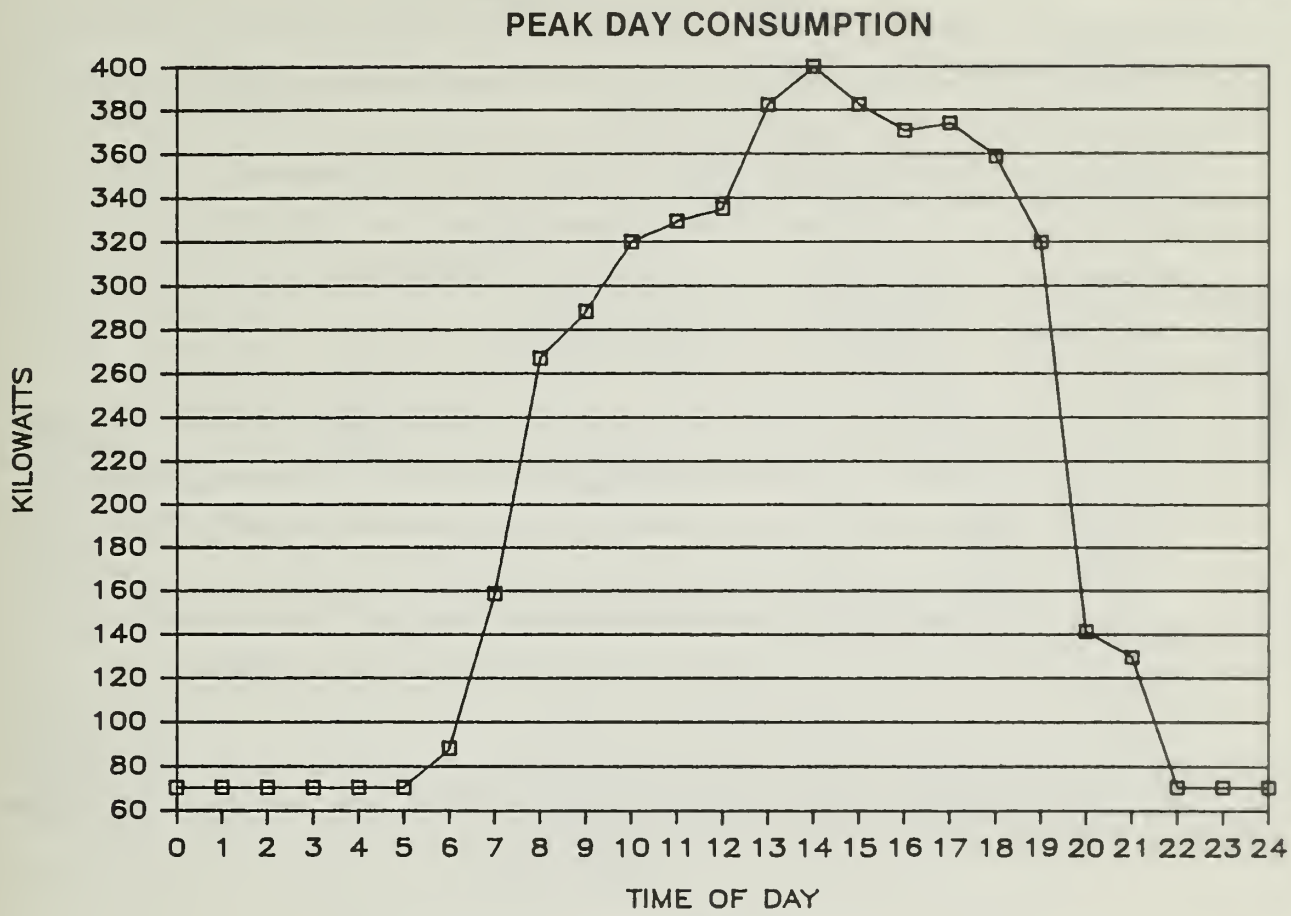
In the Energy Policy Component of the Environmental Protection Element of the Master Plan, Policy 4 under Objective 2 states that development should "encourage use of energy conserving appliances and lighting systems." To respond to Policy 4 of this objective, the project sponsor would install appliances complying with State Efficiency Regulations (Title 20, Chapter 2, California Administrative Code). The project also would respond to Policy 1 under Objective 4, to "increase the use of transportation alternatives to the automobile." The project would be adjacent to public transit on Divisadero, Sutter and Geary Streets and the sponsor has agreed to mitigation measures designed to promote transit and carpool/vanpool use. The project would not respond to Policy 3 of Objective 5, as it would not connect to a district heating system nor would it include cogeneration.

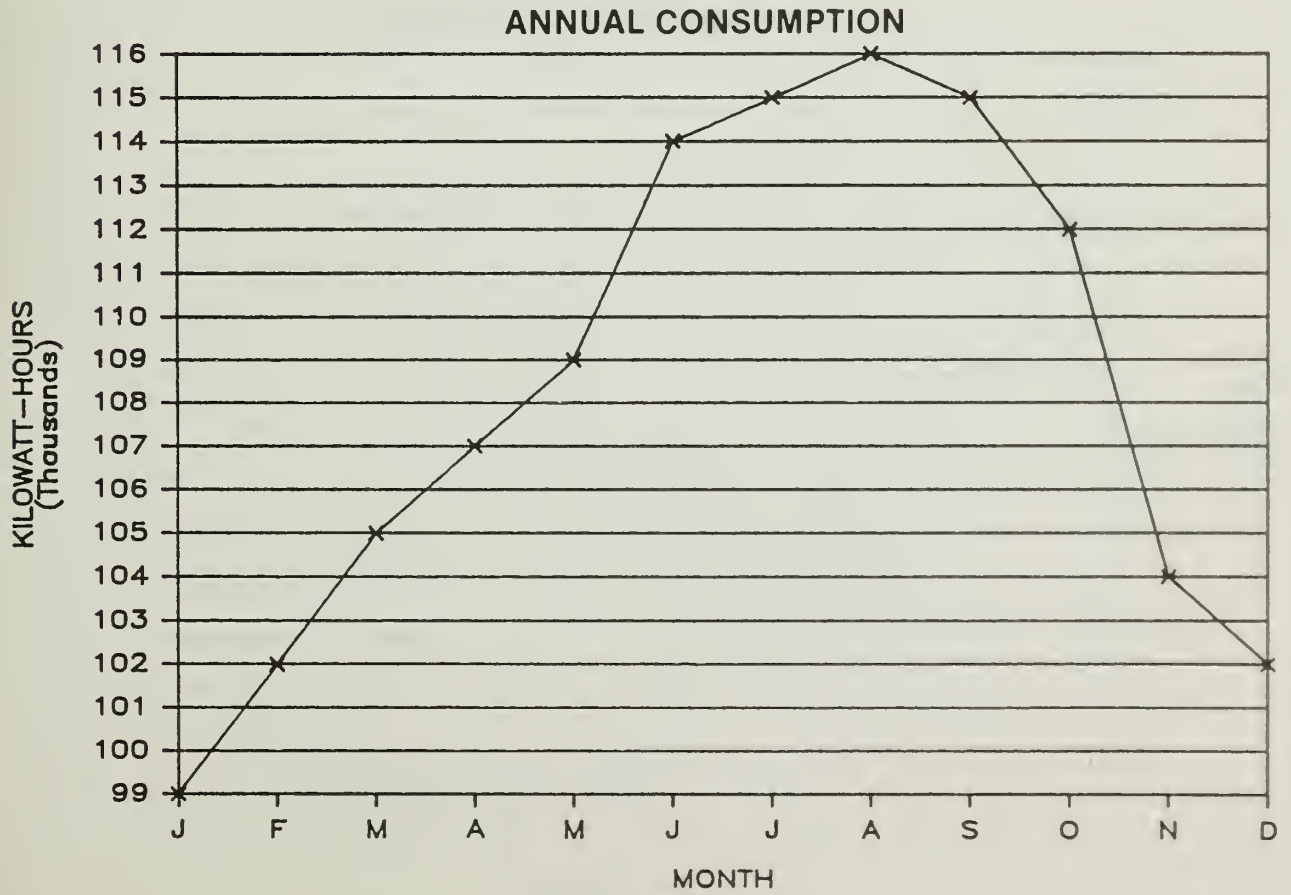
Projections of electrical use for growth that would occur under the Downtown Plan, as analyzed in the Downtown Plan EIR, indicate an increase of about 330 to 350 million kWh of electricity per year between 1984 and 2000 as a result of all new development occurring in the C-3 District.[7,8]

ELECTRICITY CONSUMPTION

FIGURE 20

SOURCE: E.P ASSOCIATES

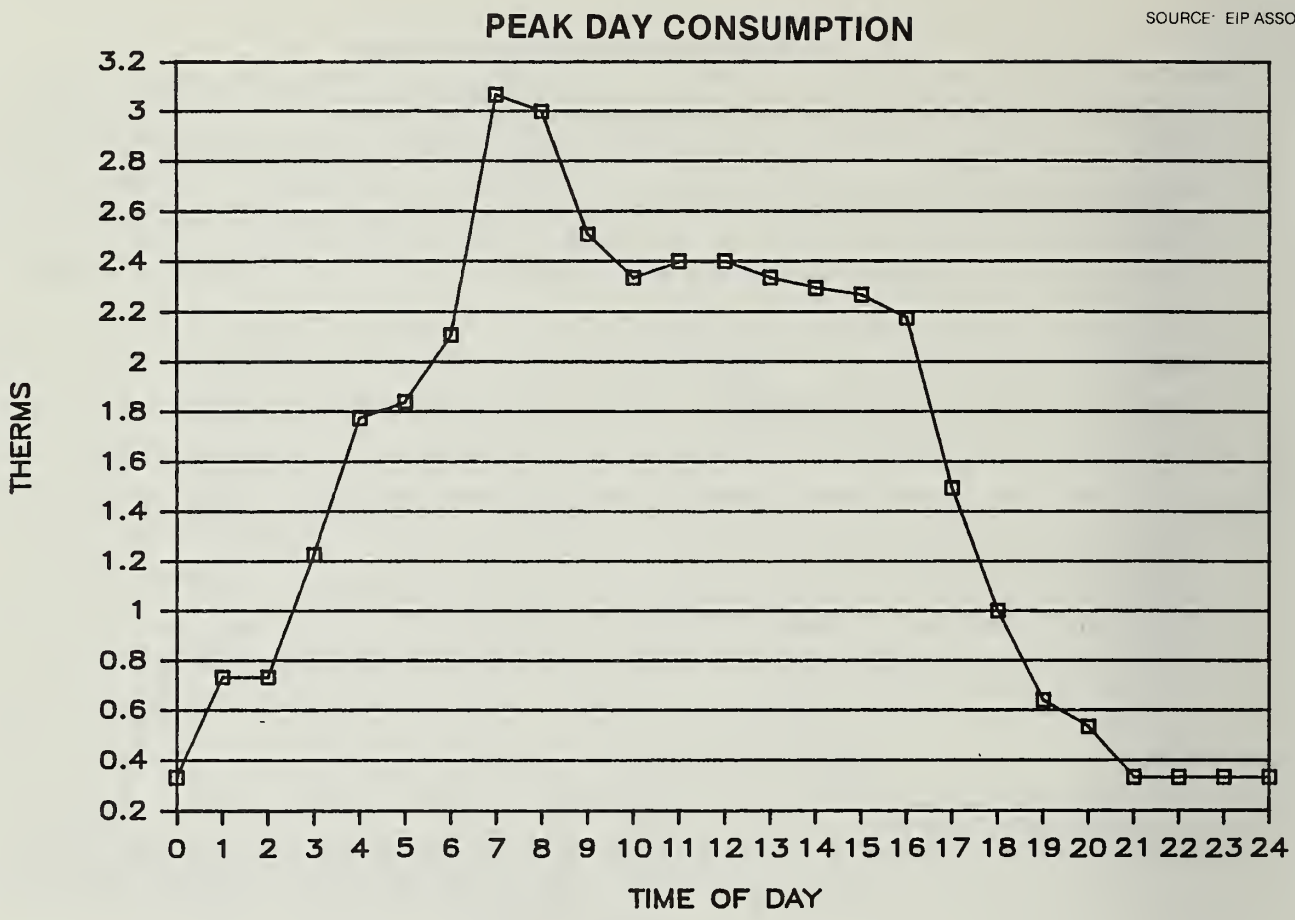




NATURAL GAS CONSUMPTION

FIGURE 2

SOURCE: EIP ASSOCIATE



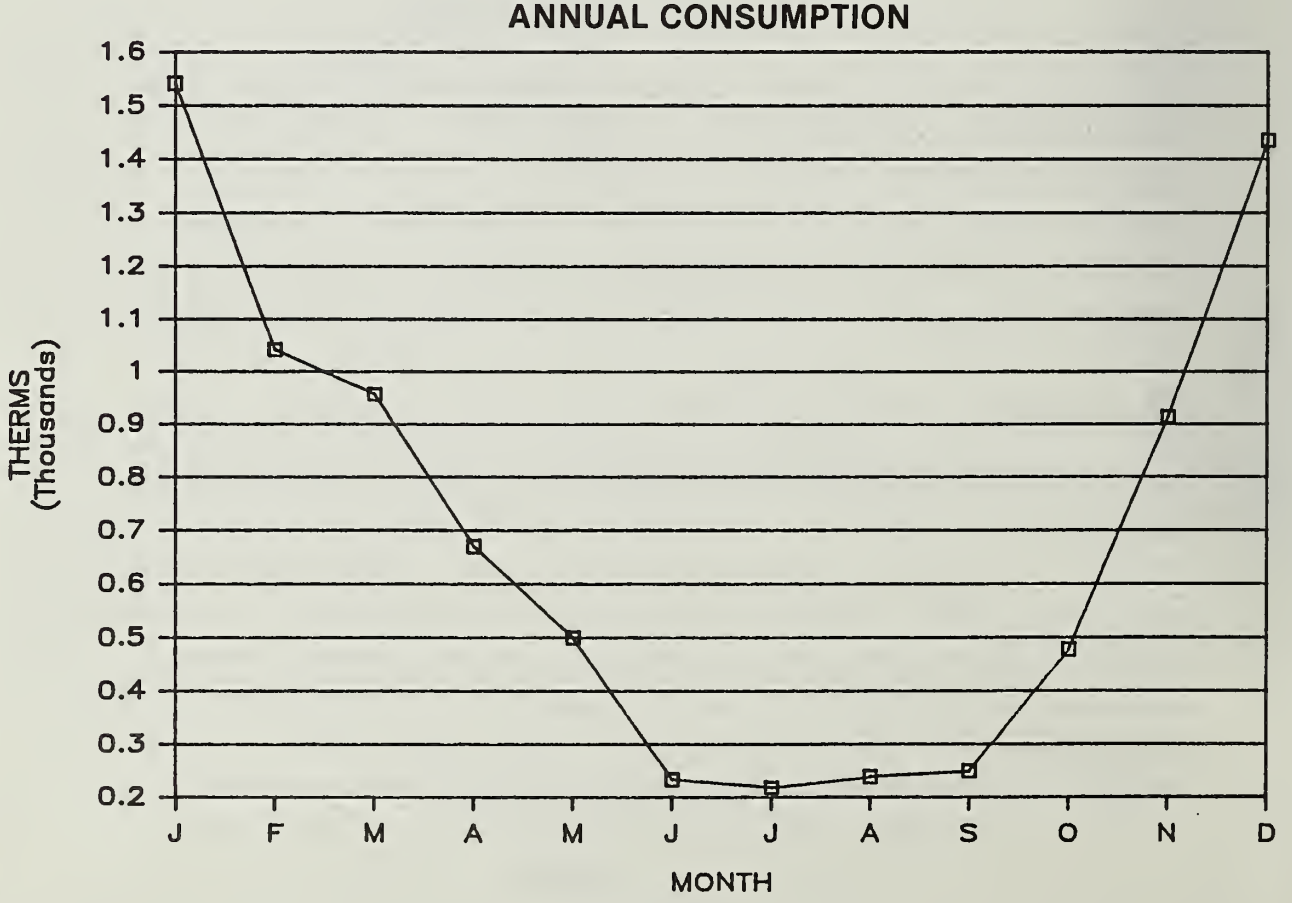


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TABLE 11

PROJECT RELATED ANNUAL TRANSPORTATION ENERGY CONSUMPTION[1]

	Electricity (kilowatt hours)	Gasoline (Millions) (Gallons)	Diesel (Gallons)	Total Btu (Millions)
Auto/Taxi/Jitney/Motorcycle		248,000		
BART	56,000			
Muni Electric	350,000			
Regional Bus Systems			2,400	
SPRR			2,100	
Project total	406,000	248,000	4,500	40,000

[1]The methods used to calculate these figures are described in detail in the Downtown Plan EIR, EE81.3, certified October 18, 1984, Appendix N and the associated data is contained Table No. 6. Calculations are also based on vehicle miles traveled contained in Table 8, page 63 of the report.

Projections of gas consumption for the same period and location indicate an increase of about 470 million cu. ft. (about five million therms) per year of which 210 cu. ft. (about two million therms) per year would be for office uses.

PG&E, in examining its ten-year load growth projections for San Francisco, believes that growth rates of net new office space in the downtown will diminish from the historic figure of 1.5 million sq. ft. per year to between 1 million and 1.2 million sq. ft. per year.[9] Total increased energy demand over the next decade would be approximately 200 million kWh of electricity per year. The PG&E total projection cannot be compared to the projections in the Downtown Plan EIR because they cover different time periods and different economic forecasts.[10]

A comparison of the Downtown Plan and PG&E estimates of electricity use between 1990 and 2000 in downtown San Francisco is being prepared by PG&E, to be released in a report later this year. PG&E plans to meet increased San Francisco energy demands to the year 2000 are on pages IV.G.13-14 of the Downtown Plan EIR, which are hereby incorporated by reference. In summary, that material indicates the demand increases in electricity would be met from nuclear sources, oil and gas facilities, hydroelectric and geothermal facilities, and other sources such as cogeneration, wind and imports. PG&E plans to continue receiving most of its natural gas from Canada and Texas under long-term contracts.

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[1]PG&E Annual Report, San Francisco, CA 1982.

[2]PG&E Annual Report, San Francisco, CA 1981.

[3]The British thermal unit (Btu) is the quantity of heat required to raise the temperature of one pound of water one degree Fahrenheit at sea level. The term "at-source" means that adjustments have been made in the calculation of the thermal energy equivalent (Btu) for losses in energy that occur during generation, transmission, and distribution of the various energy forms as specified in: ERCDC, Energy Conservation Design Manual for New Non-Residential Buildings, Energy Conservation and Development Commission, Sacramento, California, 1977, and Apostolos, J. A., W. R. Shoemaker, and E. C. Shirley, Energy and Transportation Systems, California Department of Transportation,

Sacramento, California, Project #20-7, Task 8, 1978. All references to Btu in this report are at source value.

[4]Hannon, B. et al, 1978, "Energy and Labor in the Construction Sector," Science 202:837-8470.

[5]State of California Energy Resources Conservation and Development Commission, Conservation Division, Energy Conservation Design Manual for New Nonresidential Buildings, 1984.

[6]San Francisco Department of City Planning, Downtown Plan Environmental Impact Report (EIR), EE81.3, certified October 18, 1984, Vol. 1, page IV.G.3.

[7]Downtown Plan EIR, Vol. I, pp. IV.G.1-IV.G.17. Energy consumption factors of 18 kWh sq. ft./year and 11 cu. ft./year (about 12,100 Btu) are based on data of actual building consumption rates, in the Downtown Plan EIR, on file at the Department of City Planning, 450 McAllister Street, San Francisco, CA, and include base power consumption of the building core (uses covered by Title 24) and power demands of electric office machines (uses not covered by Title 24).

[8]The Downtown Plan EIR uses a consumption rate factor of 18 kWh/sq. ft./year from 1984-1990 and 16 kWh/sq. ft./year from 1990-2000. These different factors are due to Title 24 revisions to reduce building energy budgets. These new standards would be reflected by lower electrical consumption in buildings occupied after 1990.

[9]Ken Austin, Commercial-Industrial Marketing Supervisor, Pacific Gas and Electric Company, letter of March 23, 1984. This letter is available for public review at the Department of City Planning, Office of Environmental Review, 450 McAllister Street, 5th Floor, San Francisco.

[10]PG&E's analysis of a typical office building yielded on annual consumption of about 17 kWh per sq. ft. per year which agrees with the City's estimate within the limits of estimation methodology.

G. GROWTH-INDUCING IMPACTS

The project would include about 64,875 gross square feet of medical offices and facilities (a net increase of about 62,775 gross square feet) and about 5,600 square feet of retail space (a net increase of 5,600 gsf). Employment at the site could increase from about 12 to as many as 285 people. Occupants of the proposed project are not known, but could include tenants expanding or relocating from other San Francisco locations, tenants relocating from outside San Francisco and tenants new to the Bay Area. Existing Mount Zion physicians and staff would also be expected to occupy the project. The increase in employment at the project site, therefore, would not necessarily represent employment that is new to San Francisco.

If marketed successfully, the project, together with other planned development, could have growth-inducing effects by encouraging similar development on lots (including smaller lots assembled for development) currently vacant or occupied by low-rise or mid-rise buildings in the Geary-Divisadero area.

It is expected that some workers in the City, including some in the project, would want to live in San Francisco. Employment growth, however, would not be reflected directly in increases in demand for housing and City services to residents, as some new jobs would be held by individuals who already live and work in the City; who live in the City but previously either did not work, or worked outside the City; who live in surrounding communities; or by those unable to afford or locate housing in the City. New workers would also increase demand for housing in other parts of the Bay Area.

Any net increase in employment would increase the demand for retail goods and services in the project area. Increases in employment would also increase demand for business services, to the extent that the new space would not be occupied by firms providing those services. In response, demand would increase for existing space and possibly for further new development.

The project would be built in a developed urban area, and no expansion to the municipal infrastructure not already under consideration would be required to accommodate new development and increased employment due to, or induced by, the project.

V. MITIGATION MEASURES THAT WOULD MINIMIZE THE POTENTIAL IMPACTS OF THE PROJECT

In the course of project planning and design, measures have been identified that would reduce or eliminate potential environmental impacts of the proposed project. Some of these measures have been or would be adopted and implemented by the project sponsor, project architects or contractors and are proposed as part of the project. Some measures are under consideration. Implementation of some measures may be the responsibility of public agencies.

Each mitigation measure and its status are discussed below. Where a measure has not been included in the project, the reasons for this are discussed. Any or all of the measures not included in the project could be required by the City Planning Commission to be included as part of the project as conditions of approval if the project is approved. Measures indicated with an asterisk (*) were adopted as part of the project in the Final Initial Study (see Appendix A, pages A-1 to A-37).

HAZARDS

Mitigation Measure Included as Part of the Project

* An evacuation and emergency response plan would be developed by the project sponsor or building management staff, in consultation with the Mayor's Office of Emergency Services, to ensure coordination between the City's emergency planning activities and the project's plan, and to provide for building occupants in the event of an emergency. The project's plan would be reviewed by the Office of Emergency Services and implemented by building management insofar as feasible before issuance of final building permits by the Department of Public Works.

AIR QUALITY

Mitigation Measures Included as Part of the Project

* The California Health and Safety Code requires that measures be taken to minimize dust generation by watering demolition materials and soils. An effective watering program (complete coverage twice daily) can reduce emissions by about 50%. The project sponsor would require the contractor to implement a program to water the site at least twice a day, which would reduce airborne construction dust and particulates by about 50% and reduce the likelihood of exceeding the state and federal standards.

o The project sponsor would require the general contractor to sprinkle demolition sites with water continually during demolition activity; cover stockpiles of soil, sand, and other such material; cover trucks hauling debris, soil, sand, or other such material; and sweep streets surrounding demolition and construction sites at least once per day to reduce TSP emissions. The project sponsor would require the general contractor to maintain and operate construction equipment so as to minimize exhaust emissions of TSP and other pollutants, by such means as a prohibition on idling motors when equipment is not in use or when trucks are waiting in queues, and implementation of specific maintenance programs (to reduce emissions) for equipment that would be in frequent use for much of a construction period.

GEOLOGY/TOPOGRAPHY

Mitigation Measures Included as Part of the Project

* A California-licensed structural engineer and a geotechnical consultant would prepare a foundation and structural design report for the project. The project sponsor would construct the project in accordance with the recommendations of the report pertaining to excavation and foundations.

* If dewatering were necessary, any groundwater pumped from the site would be retained in a holding tank to allow suspended particles to settle, if this is found necessary by the Industrial Waste Division of the Department of Public Works, to reduce the amount of sediment entering the storm drain/sewer lines. Groundwater observation wells would be installed to monitor the level of the water table and other

instruments would be used to monitor potential settlement and subsidence. If, in the judgment of City engineers, unacceptable subsidence occurs during construction, groundwater recharge would be begun to halt the settlement.

CONSTRUCTION NOISE

Mitigation Measure Included as Part of the Project

* The construction contract would require that project contractor muffle and shield intakes and exhaust, shroud or shield impact tools, and use electric-powered rather than diesel-powered construction equipment, as feasible, so that noise would not exceed limits stated in the City's Noise Ordinance (Article 29 of the San Francisco Police Code).

* The general contractor would construct a barrier around the site which would reduce construction noise by as much as five dBA.

CULTURAL/HISTORIC RESOURCES

Mitigation Measure Included as Part of the Project

* Should evidence of cultural or historic artifacts of significance be found during project excavation, the Environmental Review Officer (ERO) and the President of the Landmark's Preservation Advisory Board would be notified immediately, and any excavation which could damage such artifacts halted. The project sponsor would select the archaeologist or other expert to help the office of Environmental Review determine the significance of the find and whether feasible measures, including appropriate security measures, could be implemented to preserve or recover such artifacts. The ERO would then recommend specific mitigation measures, if necessary.

  Copies of reports prepared according to this mitigation measure would be sent to the California Archaeological Site Survey Office at Sonoma State University. Excavation or construction that might damage the discovered cultural resources would be suspended for a maximum of four weeks (cumulatively for all instances that the ERO has required a delay in excavation or construction) to permit inspection, recommendation and retrieval, if appropriate.

ENERGY

Mitigation Measures Included as Part of the Project

- The project would incorporate energy mitigation measures such as:
  - increased use of daylighting
  - passive solar features
  - load shedding
  - individual utility metering
  - individual fan units on each floor
  - parabolic lighting
  - high-efficiency ballasts for fluorescent lighting
  - high-efficiency motors
  - economizer cycle on air handlers
  - computerized energy management
  - fluorescent lighting (Wattmisers) with switching from four bulbs per fixture to two
  - energy-efficient outdoor lighting
  - timed switches on closet and storeroom lights.

  Final decisions will be made on the basis of life cycle costing and compatibility with the overall design; a separate report would be prepared and made available to the Department of City Planning prior to the application for the building permit which would explain the decisions regarding which energy conservation features would be included in the final design.

TRANSPORTATION

Mitigation Measures Included as Part of the Project

- The project sponsor would, in consultation with the Municipal Railway, install eyebolts for Muni trolley wires on the proposed building wherever necessary or agree to waive the right to refuse the attachment of eyebolts to the proposed building if such attachment is done at City expense.

- The Sutter Street access to the parking garage would be restricted to auto exit only in order to avoid potential queuing on Sutter Street that could disrupt Muni service.

- Monthly long-term parking spaces (other than carpool spaces) in the project's garage would be limited, and would be allocated by the Hospital based on the following order of priority:

  1. Physician parking.

2. Employees required to use their autos in the performance of their job.
3. Employees for whom other modes of commuting to work are infeasible.

- Parking rates would favor short-term parking and discourage all-day parking. The garage's rate structure would be set in consultation with the Department of City Planning prior to operation and reviewed periodically as part of the Mount Zion TSM program.

- Mount Zion Hospital, in cooperation with the project sponsor, would provide and implement an on-going Transportation Management Program and on-site transportation brokerage services in accordance with guidelines set forth in the Department of City Planning's publication "Developer's Manual for the Implementation of Transportation Broker Services and Transportation Conditions," with adjustment, as necessary, for conditions specific to the Hospital, medical building and the surrounding area.

- Off-street parking for construction workers would be provided on Lot 32.

- The project sponsor would provide temporary replacement parking for users of the existing on-site lot during the construction period, as feasible.

Mitigation Measures Under Consideration

- The number of free or preferential carpool/vanpool parking spaces would be expanded to provide adequate spaces to meet demand. Mount Zion Hospital intends to increase the number of carpool spaces, however, the number of spaces and the lot they would be located in has not yet been determined.

- The project sponsor would work with the City and Mount Zion to reduce the amount of unrestricted on-street parking in non-residential areas in the vicinity of Mount Zion Hospital and the project site.

VI. SIGNIFICANT ENVIRONMENTAL EFFECTS THAT CANNOT BE AVOIDED IF THE PROPOSED PROJECT IS IMPLEMENTED

In accordance with Section 21067 of the California Environmental Quality Act (CEQA), and with Sections 15040, 15081 and 15082 of the State EIR Guidelines, the purpose of this chapter is to identify impacts that could not be eliminated or reduced to an insignificant level by mitigation measures included as part of the proposed project, or by other mitigation measures that could be implemented, as described in Chapter V, Mitigation Measures, pages 79-83.

With the mitigation measures included in the project or available for inclusion, traffic, parking, and air pollutant emission impacts resulting from the project would not cause a substantial, or potentially substantial adverse change in the environment. Therefore, there would be no significant environmental effects resulting from the project that cannot be avoided if the project is implemented.

The findings of significant impacts are subject to final determination by the City Planning Commission as part of its certification process. This chapter in the Final EIR will be revised, if necessary, to reflect the Commission's findings.

VII. ALTERNATIVES TO THE PROPOSED PROJECT

This chapter identifies alternatives to the proposed project, discusses their environmental impacts, and states the reasons why they were rejected by the sponsor in favor of the project. Regardless of the sponsor's reasons for rejection, the City Planning Commission could approve an alternative over the proposed project if the Commission believed the alternative would be more appropriate for the site.

A. ALTERNATIVE ONE: NO PROJECT ALTERNATIVE

DESCRIPTION

This alternative would involve no change to the project site as it now exists. Parking and medical office uses would remain on the site for an unspecified length of time. This alternative would not preclude future options for development of the site under the same or other permitted uses within the C-2 District. If Lot 24 were not rezoned it is possible that housing could be built on that site.

IMPACTS

With the retention of the project site in its present state, none of the impacts associated with the proposed project would occur. The existing traffic and circulation patterns would remain unchanged. The aesthetic effect of a large surface parking lot would remain the dominant visual impression. Through-block views would remain. Current levels of parking demand, noise, air pollution and energy consumption would not change as a result of the no project alternative. Generally, the environmental characteristics of this alternative would be as described in the Environmental Setting sections of this report (See Chapter III, pp. 17-38, for a discussion of existing conditions).

REASONS FOR REJECTION

The project sponsor rejected this alternative because none of the development objectives would be met. The project sponsor also believes that this alternative underutilizes scarce land resources in a valuable area. The site, in the project sponsor's opinion, is a prime location for the proposed project.

B. ALTERNATIVE TWO: MEDICAL CENTER & REQUIRED PARKING

DESCRIPTION

This alternative would not include a separate five-level garage. Lots 24-30 would be omitted from this alternative. A five-story, 55-foot-tall medical center building with ground floor retail uses would be developed on Lots 5 and 33 of the project site (Figure 22, page 87). The total site area would be 13,972 square feet. The medical center would contain a total of 50,300 gsf of medical offices and facilities including about 5,600 gsf of ground-floor retail space, the same as the proposed project (see Table 12, page 88 for comparison of alternatives). This alternative would have an FAR of 3.6:1. This alternative would be about 30% smaller than the proposed project. The parking required for this project would be about 144 spaces. These spaces would be contained in five below-grade parking levels beneath the building. Because of the size of the lot about 30 cars could be accommodated on each level. Access to the garage would be via Post Street and Erkson Court. This alternative would comply with height and bulk controls. Conditional Use authorization would be required under Neighborhood Commercial Interim Controls because the site is over 10,000 square feet and medical, office and parking uses exceed 5,000 square feet.

As with the proposed project, the alternative would require demolition of a portion of the surface parking lot, displacing approximately 87 spaces.

IMPACTS

Without the separate parking structure on Sutter Street only the medical center building would affect views and visual quality. The visual impacts for the medical center building would be similar to the medical building in the proposed project. The building would be 10 feet shorter than the medical building in the proposed project and would also be set back at the fourth floor on all sides. Through-block views would still be possible due to the

ALTERNATIVE TWO: SECTION

FIGURE 22

SOURCE: JORGE De QUESADA, INC.

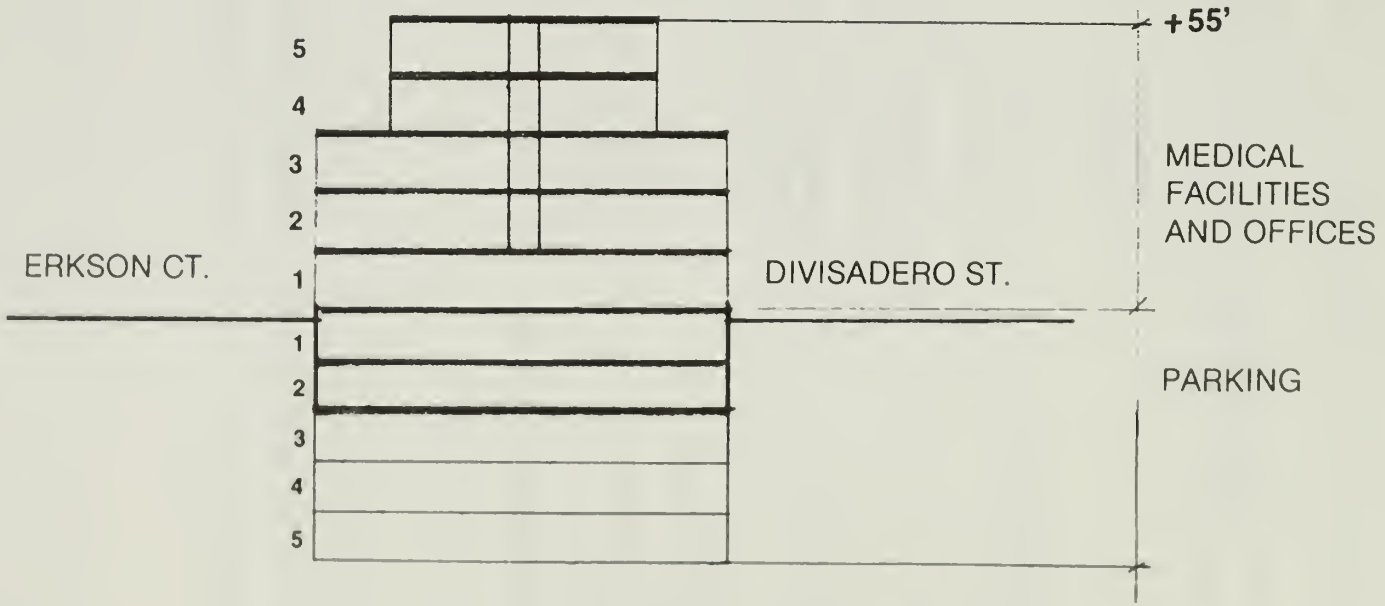


TABLE 12

COMPARISON OF PROPOSED PROJECT AND ALTERNATIVES

	Proposed Project	Alternative Two	Alternative Three	Alternative Four
Lot Size (square feet)	48,460	13,972	47,374	48,460
FAR	3.2:1	3.6:1	2.8:1	1.7:1
Stories	MOB 6 Garage 5	MOB 5 --	MOB 6 Garage 5	MOB 6 Garage 2
Height (in feet)	MOB 65' Garage 36'	MOB 55' --	MOB 65' Garage 38'	MOB 65' Garage 11'
Floor area (gsf)				
Medical Services/Clinic	35,815	15,637	35,815	34,473
Retail	5,600	5,600	5,600	27,058
Physicians' offices	29,063	29,063	29,063	12,113
Parking	170,000	48,575	146,650	88,279
Parking Required (spaces)	207	144	207	189
Parking Provided (spaces)	606	144	538	369

Source: Jorge de Quesada Architects/EIP Associates.

absence of the parking structure. Locating the parking underground would remove this use from sight and would be more compatible with the neighborhood.

The alternative would provide employment for about 187 people, about 97 less than the proposed project. No existing on-site employment would be displaced. The demand for dwelling units in San Francisco would be less than the proposed project since there would be fewer potential employees.

This alternative would generate 3,520 daily person trips, 1,215 less than the proposed project. Transportation impacts associated with increased travel demand would be about 25% less than the proposed project, proportional to the decrease in overall travel demand associated with the alternative. Estimated parking demand would be 188 spaces, about 28% less than estimated project parking demand. This alternative could not accommodate its own parking demand and, by displacing existing parking it would exacerbate an already saturated condition on streets around the site.

Air quality impacts from this alterative would be about 25% less than for the proposed project due to reduction in travel associated with the alternative. Energy consumption would also be proportionally reduced for both the building's needs and the transportation-related portion.

If driven piles were used, construction noise impacts would require mitigation measures in addition to those already included in the project design (see page 81). Such mitigation measures could include predrilling of holes for piles in order to minimize noise and vibration and limiting the hours of pile-driving to result in the least disturbance to neighboring uses.

The depth of excavation required for this alternative could result in a greater potential for the discovery of archaeological artifacts. (The proposed project would include grading but no excavation.) An archaeological resources report would be prepared by a qualified archaeologist prior to approval of this alternative. Based on the results of the report it is possible that a more stringent mitigation measure would be required than that already included in the proposed project (see page 81).

REASONS FOR REJECTION

The project sponsor has rejected this alternative because, in the project sponsor's opinion, it is infeasible from both an engineering and cost standpoint to excavate and construct five subgrade levels. The project sponsor believes that the site is too small to be able to lay out an efficient parking scheme. It also does not meet a primary objective of providing public parking. In addition to providing for its own parking needs the sponsor would like to build a public parking garage to help alleviate the chronic parking problem experienced by the neighborhood due to the demand generated by Mount Zion Hospital employees and visitors.

C. ALTERNATIVE THREE: PROJECT WITHOUT LOT 24

DESCRIPTION

Lot 24, currently zoned RM-1, would not be included in this proposal (Figure 23, page 91). The proposed project would require a rezoning of Lot 24 from RM-1 to C-2 or adoption of permanent controls under Neighborhood Commercial Rezoning to allow a commercial parking garage. This alternative would be allowable should neither of those two actions occur. Lot 24 could remain vacant or could be developed with housing.

The site area for this alternative would be 47,374 square feet, 1,086 square feet less than the proposed project (see Table 12, page 88). The medical center building would not be affected by this change; it would be the same as the proposed project. The parking facility would be reconfigured to a smaller site area. The square footage, 146,650 gsf, would be about 23,350 feet smaller than the proposed project and the number of parking stalls, 538, would be about 68 less than the proposed project. It would be five levels or 38 feet high, about three feet higher the proposed project. The alternative would visually appear similar to the proposed project including the same general heights, bulk measurements and building materials. Excluding those approvals necessary for development of Lot 24, this alternative would require the same approvals as the proposed project (see pages 15-16).

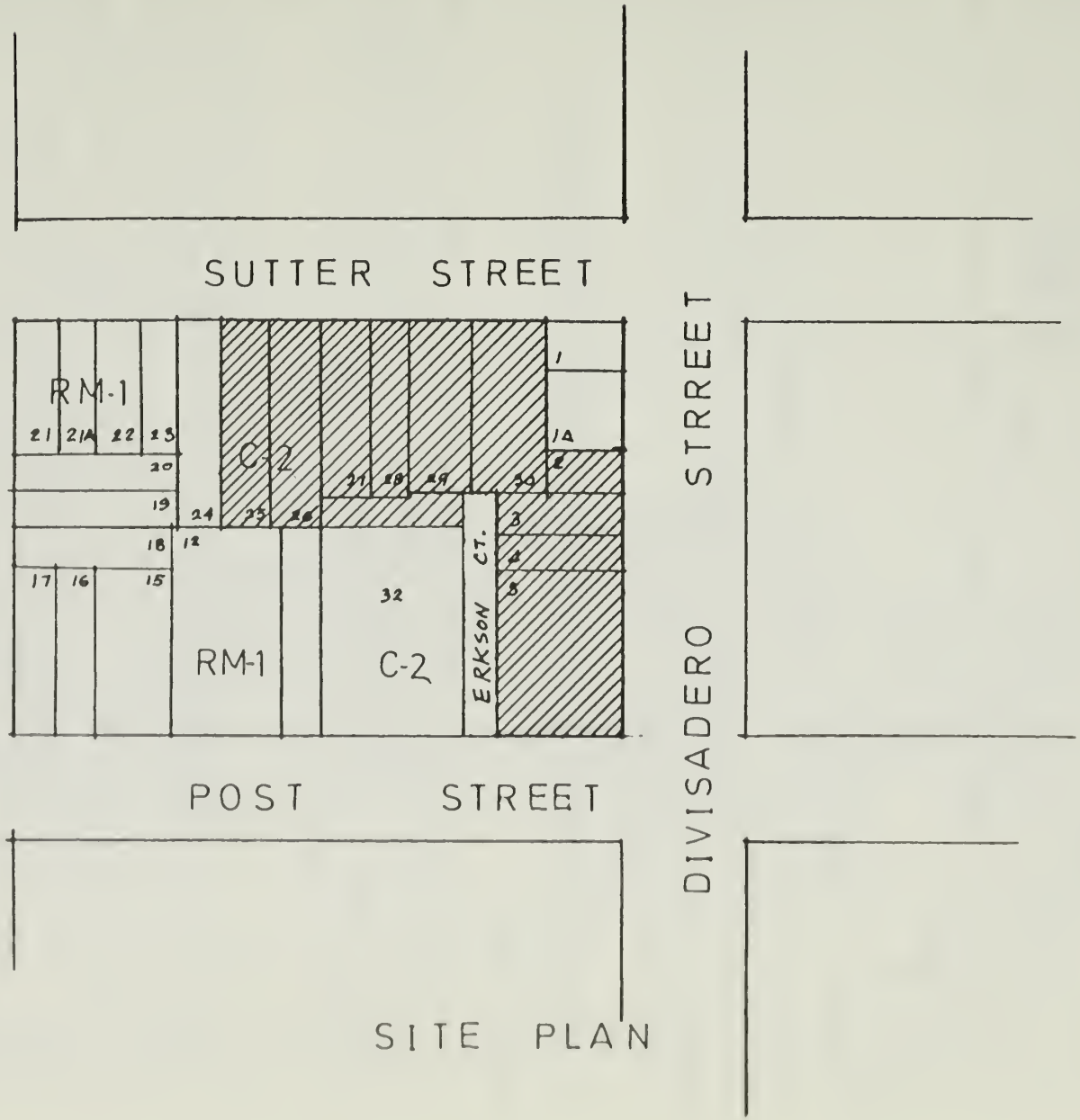
IMPACTS

Impacts would be virtually identical to the proposed project. This alternative would be essentially the same as the proposed project but without the use of Lot 24. Impacts

ALTERNATIVE THREE: SITE PLAN

FIGURE 23

SOURCE: JORGE De QUESADA, INC.



associated with intensification of land uses would be about 8% less than the proposed project. Parking demand generated by uses in this alternative would be 260 spaces, the same as in the proposed project. The 538 spaces in the alternative would exceed demand by 278 spaces, and, in conjunction with the loss of the 175 existing spaces, provide a net new surplus of 103 spaces. Transportation, circulation, air quality and energy impacts would be close to project levels. Employment and housing impacts would be the same as for the project.

REASONS FOR REJECTION

The project sponsor has rejected this alternative because the sponsor believes that it does not represent the highest and best use of the existing property that would be possible under future proposed rezoning. This alternative would also not provide as much parking as the sponsor would like to be able to provide.

D. ALTERNATIVE FOUR: REDUCED PROJECT WITH ALTERNATIVE USES

DESCRIPTION

This alternative would consist of a smaller parking structure and a mixed-use medical services/office/retail building. The buildings would occupy the same site areas as the proposed project. The parking structure would contain 369 parking spaces, or 88,279 gsf and have two levels of parking. It would be 11 feet high.

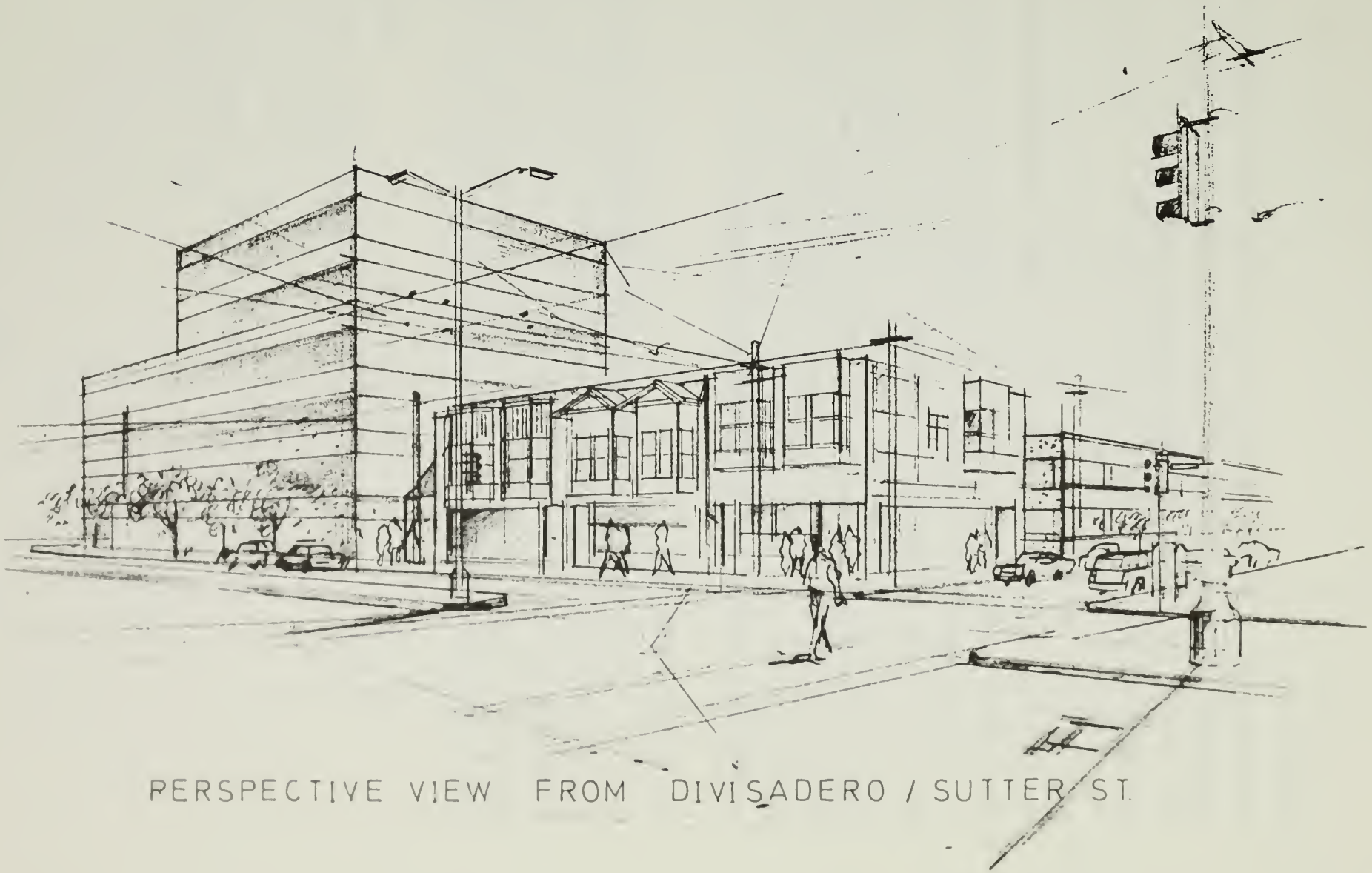
The alternative medical services building would contain 73,644 gsf, approximately 3,170 square feet more than the proposed project (see Table 12, page 88). While the majority of the floor area would be devoted to medical office/services (46,586 gsf), the remaining 27,058 gsf of retail space would represent an increase of about 75% over the proposed project. The retail uses would be located on the ground floor and second floor. The Medical Center would be 65 feet high and 6 stories tall and set back once on Post Street at the fourth floor (Figure 24, page 93).

As with the project, the alternative would require the demolition of the existing surface parking, one-story medical office building and relocation of the Crisis Clinic.

ALTERNATIVE FOUR: PERSPECTIVE FROM DIVISADERO/SUTTER

FIGURE 24

SOURCE: JORGE De QUESADA, INC.



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APPENDIX A

DEPARTMENT OF CITY PLANNING

450 McALLISTER STREET · SAN FRANCISCO, CALIFORNIA 94102

NOTICE THAT AN ENVIRONMENTAL IMPACT REPORT IS DETERMINED TO BE REQUIRED

Date of this Notice: August 23, 1985

Lead Agency: City and County of San Francisco, Department of City Planning
450 McAllister Street - 5th Floor, San Francisco, CA 94102

Agency Contact Person: David Hood Telephone: (415) 558-5261

Project Title:
85.181E - Six-story medical center and five-level parking structure

Project Sponsor: Western Development Group, Inc.

Project Contact Person: Paula R. Collins

Project Address: Most of eastern half of block bounded by Post, Sutter, Divisadero and Broderick Streets

Assessor's Block(s) and Lot(s): A/B 1076, Lots 5, 24-30, 32-33

City and County: San Francisco

Project Description: Construct a six-story, 70,745 gross square foot medical office building on the northwest corner of Post and Divisadero Streets and a five-level, 630-space parking structure with ingress and egress on Sutter Street, after rezoning of Lot 24, relocation of Mt. Zion Crisis Clinic from Lot 30 to Lot 32, and street vacation of Erkson Court. Conditional use authorization would be required.

THIS PROJECT MAY HAVE A SIGNIFICANT EFFECT ON THE ENVIRONMENT AND AN ENVIRONMENTAL IMPACT REPORT IS REQUIRED. This determination is based upon the criteria of the Guidelines of the State Secretary for Resources, Sections 15063 (Initial Study), 15064 (Determining Significant Effect), and 15065 (Mandatory Findings of Significance), and the following reasons, as documented in the Environmental Evaluation (Initial Study) for the project, which is attached.

Deadline for Filing of an Appeal of this Determination to the City Planning Commission: September 2, 1985.

An appeal requires: 1) a letter specifying the grounds for the appeal, and;
2) a $35.00 filing fee.

Barbara W. Sahm

BARBARA W. SAHM, Environmental Review Officer

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ER5 6/85

POST STREET MEDICAL CENTER/GARAGE
INITIAL STUDY
85.181E
August 23, 1985

I. PROJECT DESCRIPTION

The project would be the construction of a six-story Medical Center and a five-level parking garage on Assessor's Block 1076, Lots 5, 24-30, 33, and part of 32, on the block bounded by Post, Sutter, Divisadero and Broderick Streets (Figure 1, page 2). The proposed project would have frontages on Post, Divisadero and Sutter Streets.

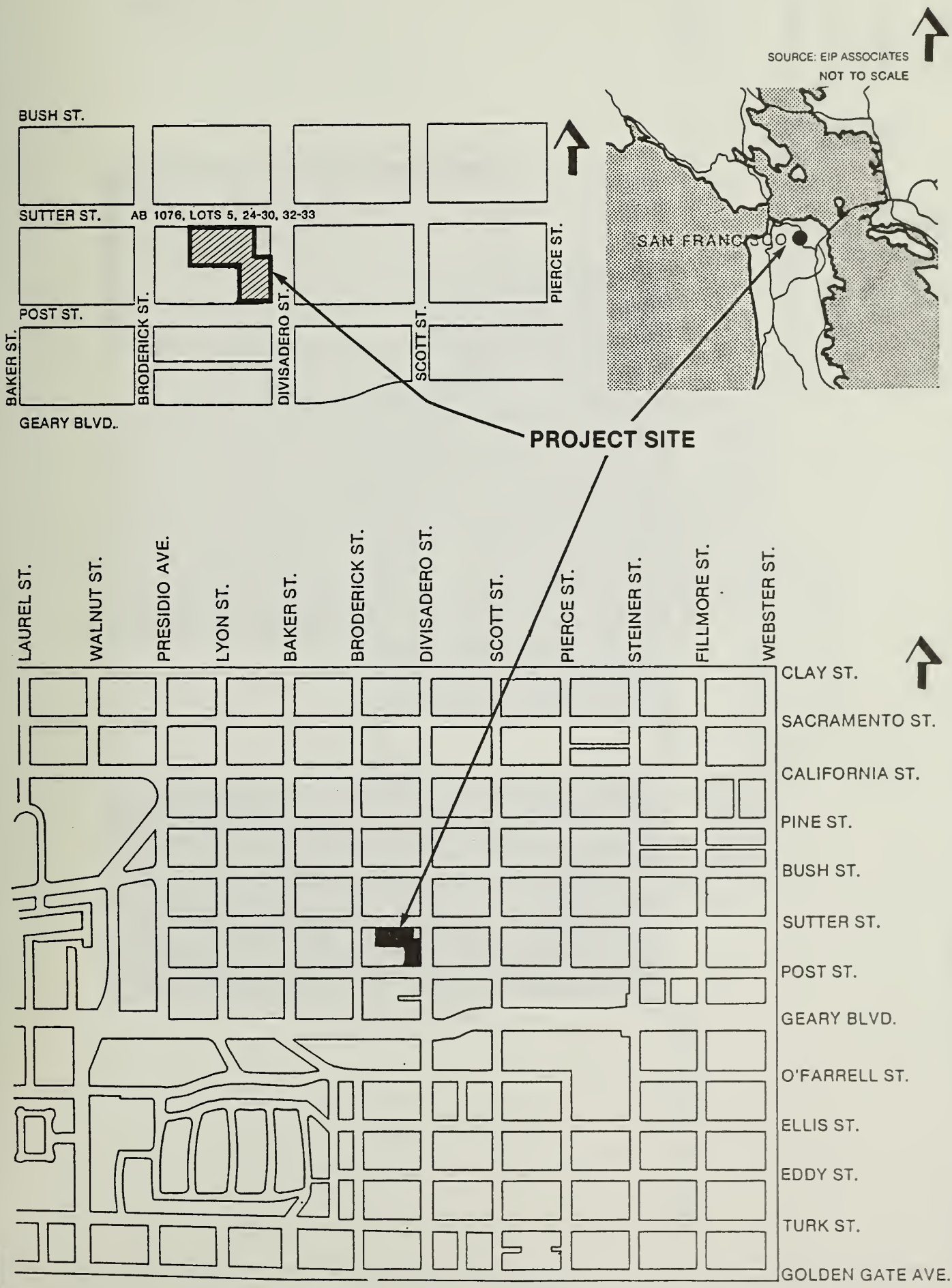
The project site occupies 47,538 square feet. Lots 5, 32 and 33 are currently used as a 175-space surface parking lot that is open to the public, but primarily used by Mount Zion Hospital employees and visitors. Lots 27, 28 and 29 are used by Mount Zion Hospital for medical van parking. Lot 30 holds the Mount Zion Medical Crisis Clinic, a one-story, wood-frame structure. Lot 24 is vacant. Lot 25 contains a two-story, 2,100 gsf,wood-frame medical office building where four physicians currently conduct their practices. Lot 26 provides surface parking for the office building. Figure 2, page 3, shows existing site uses.

The proposed Medical Center would occupy Lots 5, 33 and part of 30 on the southeast corner of the site, with frontages on both Post and Divisadero Streets. It would contain about 70,745 gross square feet (gsf) of medical offices and facilities, and about 3,300 net rentable square feet of ground floor retail space fronting on Divisadero Street. Approximately half of the medical center space (about 34,573 gsf) would be used for group practice clinics, a full-floor, free-standing ambulatory surgical center and medical equipment facilities. The remainder of the usable floor space (about 32,872 gsf) would be devoted to office suites for physicians. The Medical Center would be 65 feet high. The proposed building would be stepped back from Post Street at the third, fourth, fifth and sixth floor levels. Figures 3, 4, 5 and 7, pages 4,5,6, and 8 show plans for the Medical Center.

The five-level parking structure would front on Sutter Street and would cover all of Lots 24-30 and part of 32. It would contain 131,845 gsf, with 630 parking stalls.

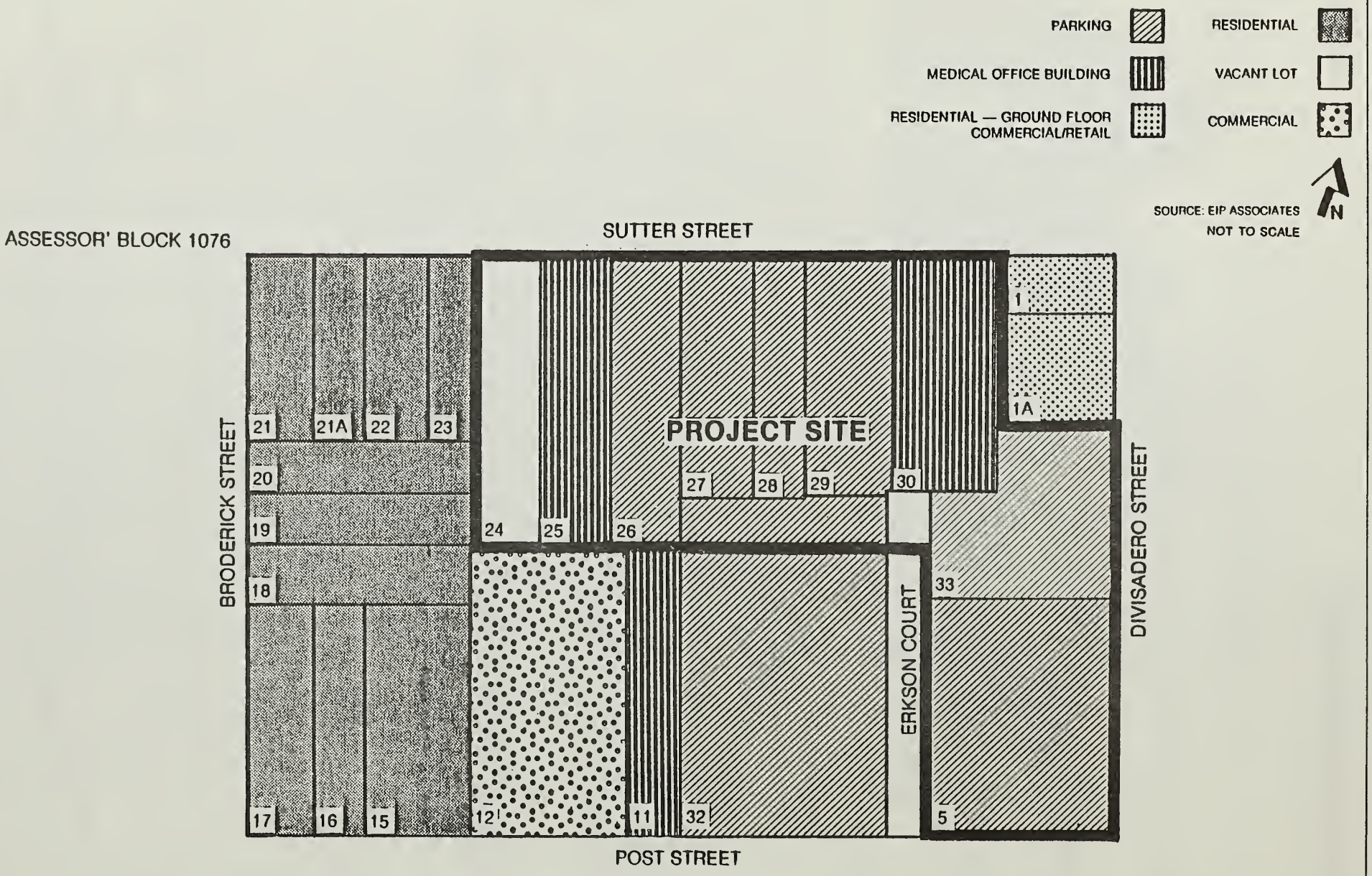
SITE LOCATION MAP

FIGURE 1



EXISTING SITE PLAN

FIGURE 2

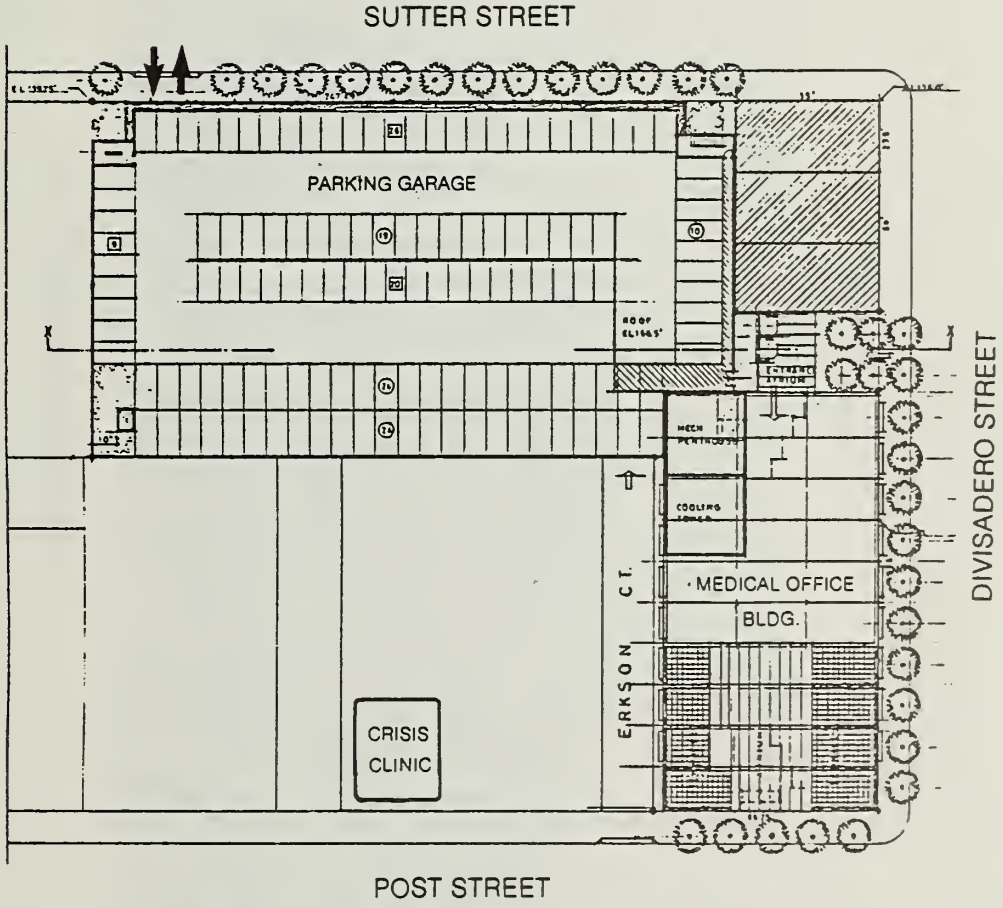


SITE PLAN

FIGURE 3

NOT TO SCALE

SOURCE: JORGE DE QUESADA, INC

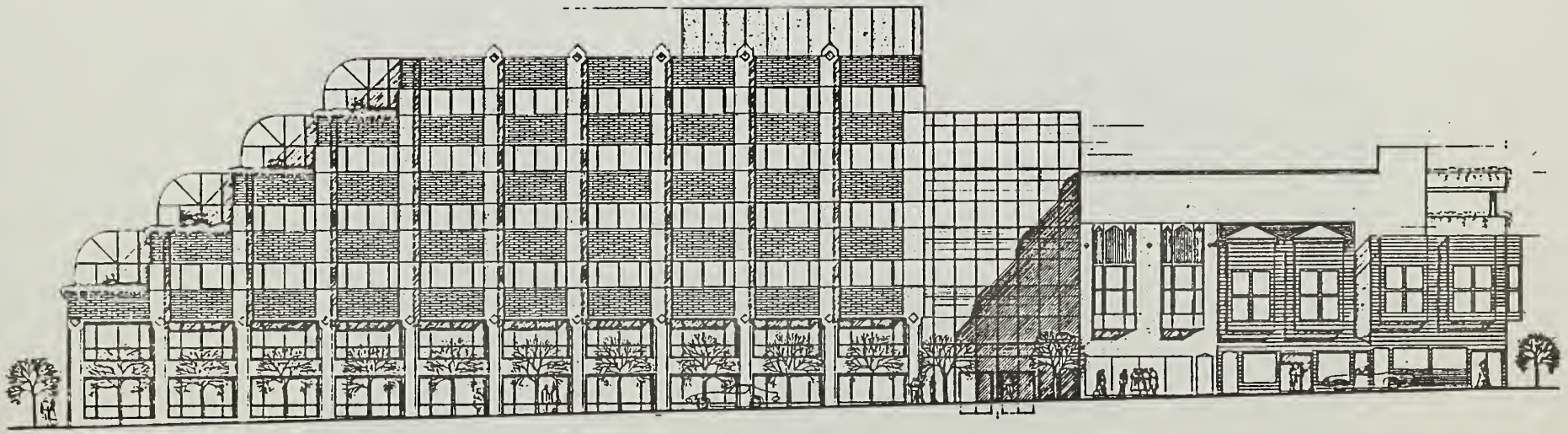


MEDICAL BUILDING ELEVATION FROM DIVISADERO STREET

FIGURE 4

NOT TO SCALE

SOURCE: JORGE DE QUESADA, INC



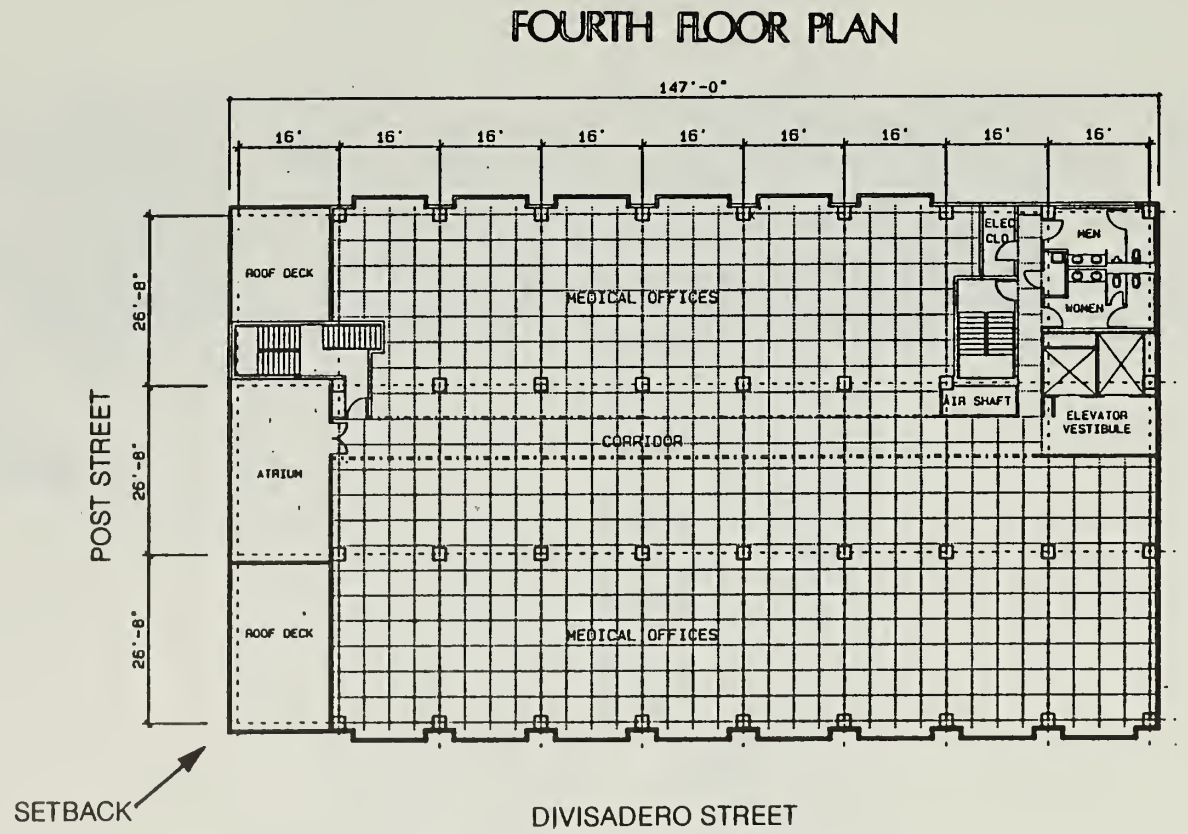
DIVISADERO STREET

TYPICAL FLOOR PLAN

FIGURE 5

NOT TO SCALE

SOURCE: JORGE DE QUESADA, INC.

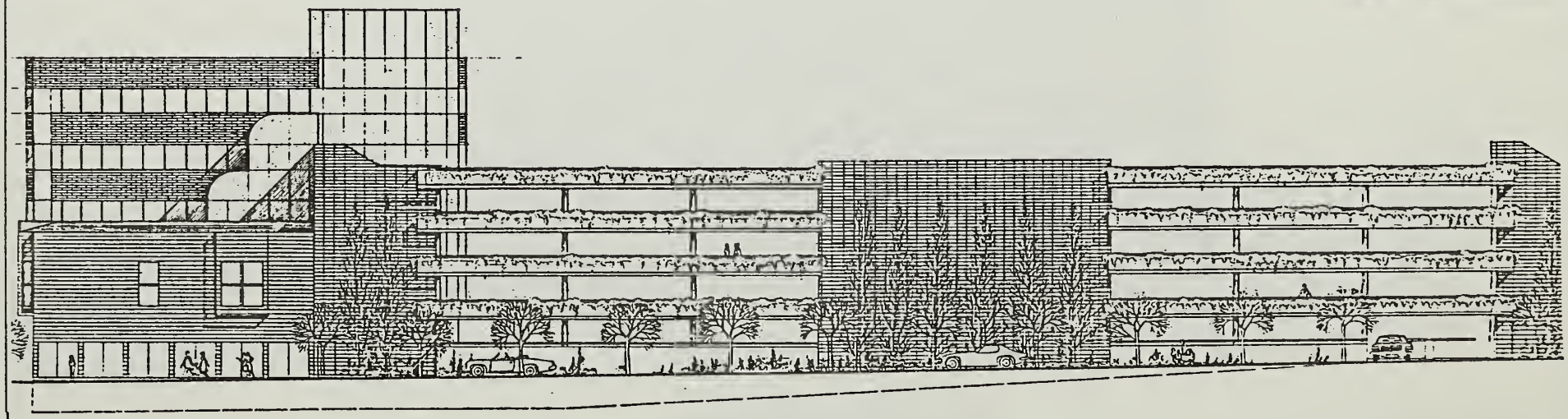


PARKING GARAGE ELEVATION FROM SUTTER STREET

FIGURE 6

NOT TO SCALE

SOURCE: JORGE DE QUESADA, INC.



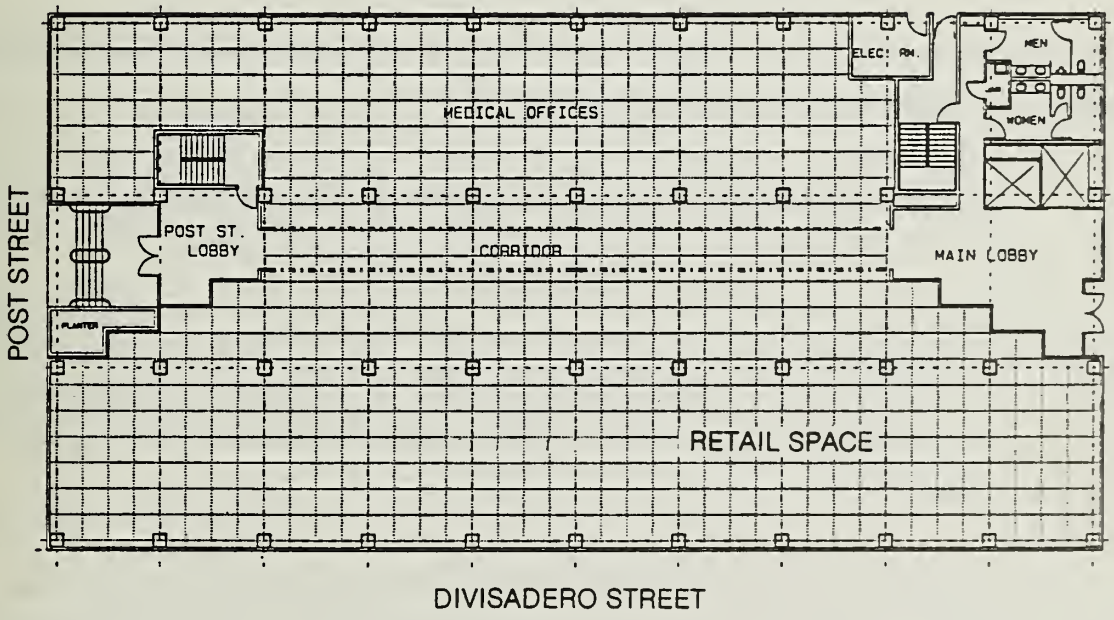
SUTTER STREET

GROUND FLOOR PLAN, MEDICAL BUILDING

FIGURE 7

NOT TO SCALE

SOURCE: JORGE DE QUESADA, INC.



Approximately 120 of the 630 spaces would be reserved for Mount Zion physician parking, with the remainder available to the public. The structure would be semi-enclosed on levels one through four and the roof (level five) would be exposed (Figure 6, page 7). From Sutter Street to the roofline of level four, the height of the structure would be about 25.5 feet. The Crisis Clinic, currently on Lot 30, would be potentially relocated to Lot 32 and the medical vans would park behind the building on the same lot.

The main pedestrian entrance to the medical center building would be on Post Street (Figure 7, page 8). Another pedestrian entrance on Divisadero Street, would also connect to the garage. Vehicle access to the parking garage would be from both Sutter and Post Streets. On Sutter Street the entrance would be about 275 feet from Divisadero Street; from Post Street it would be about 86 feet.

The Western Development Group is the project sponsor and Jorge de Quesada Associates of San Francisco are the project architects.

The project site (except for Lot 24) is in a C-2 (Community Business) district and a 40-X and 65-A Height and Bulk district. Basic allowable floor area ratio (FAR) is 3.6:1, permitting development on this site of 171,138 gsf of floor area. With the use of a corner premium (9,703 square feet), the maximum allowable floor area at the site would be 180,841 gsf. The effective FAR of the proposed project with the corner premium would be 2.87:1. The Planning Code requires 218 off-street parking spaces for a project of this size and these spaces would be included in the garage.

Under existing zoning, Lot 24 is classified as RM-1 (Residential Mixed Districts, Low Density). A rezoning would be necessary to allow construction of a parking garage on this lot.

II. SUMMARY OF POTENTIAL EFFECTS

A. SIGNIFICANT EFFECTS

Some of the effects that would be generated by the proposed project could be potentially significant. Impacts that require further analysis in an EIR are:

- o increase in scale and intensity of land uses
- o traffic, circulation patterns and transit
- o parking demand and supply, analyzed cumulatively with Kaiser Hospital
- o operational air quality; and
- o energy.

B. INSIGNIFICANT EFFECTS

The following environmental effects were determined either to be insignificant or to have been mitigated to an insignificant level through measures incorporated into the project design. These require no further study and will not be addressed in the EIR.

Visual Quality

The proposed project would not degrade or obstruct any scenic view or vista now observed from public areas. No obtrusive light or glare would be generated.

Population

The project would not induce substantial growth, displace employees or residents or create a substantial demand for housing.

Noise

Building construction activities would temporarily increase noise levels. Operation of the project would not perceptibly increase noise levels in the project vicinity. Mitigation measures would be incorporated into the project to address potential noise impacts during construction and operation.

Construction Air Quality/Climate

The project would not violate any ambient air quality standard, create objectionable odors or cause a change in climate. Mitigation measures would be incorporated into the project to address potential impacts during construction and operation. No shadows would be cast on any parks, playgrounds, or properties owned by the Department of Recreation and Parks.

Utilities/Public Services

Increased demand for public services and utilities attributable to the proposed project would not require additional personnel or equipment. The providers of utilities and public services have been contacted and have responded that they have adequate capacity to serve the project.

Biology

The project sites are already developed. The project would have no effect on animal life on-site or in the surrounding area.

Geology/Topography

The project would be constructed under the supervision of California-licensed structural and geotechnical engineers and would comply with all applicable seismic and life safety standards. The project would not alter the topography of the site.

Water

The project sites are currently covered with an impervious surface and contain no surface water. The project would not degrade water quality of groundwater, or cause flooding, erosion or siltation.

Hazards

The proposed project would not be affected by hazardous uses nor would it cause health hazards. An evacuation and emergency response plan would be developed by the project sponsor as part of the project and filed with the Mayor's Office of Emergency Services.

Cultural

There would be no excavation and no grading below existing disturbed soils, therefore no significant subsurface resources are expected to be encountered during construction.

III. ENVIRONMENTAL SETTING

A. COMPATIBILITY WITH EXISTING ZONING AND PLANS.

	Not Applicable	Discussed
1. Discuss any variances, special authorizations, or changes proposed to the City Planning Code or Zoning Map, if applicable.	____	X
*2. Discuss any conflicts with the Comprehensive Plan of the City and County of San Francisco, if applicable.	X	____
*3. Discuss any conflicts with any other adopted environmental plans and goals of the City or Region, if applicable.	____	X

Under existing zoning, Lot 24 is classified as RM-1 (Residential Mixed Districts, Low Density). A rezoning would be necessary to allow the construction of a parking garage on this lot.

Implementation of the proposed project includes a request that the City vacate Erkson Court, a dead-end street located entirely within the project site. This action would require approval by the Department of Public Works, Master Plan referral by the City Planning Commission and approval by the Board of Supervisors. Mount Zion Hospital and Medical Center has applied to the Department of Public Works to acquire title to Erkson Court; this process started in January 1985.[1]

Pursuant to Section 223(m) and (n) of the Code, the parking structure would require Conditional Use (CU) authorization if the building "is not completely enclosed," (i.e., without a roof).

The proposed Medical Center building would deviate from existing bulk controls. Under existing controls the building would be required to be set back once at 40 feet; the maximum length allowed would be 110 feet and the maximum allowable diagonal dimension would be 125 feet. As presently designed, the building would be set back at 25, 35, 45 and 55 feet (second, third, fourth and fifth levels). At the third level the maximum length would be exceeded by 34 feet and the diagonal dimensions would be exceeded by about 43 feet. These exceedences would diminish with each setback, until at the sixth

*Derived from State EIR Guidelines, Appendix G, normally significant effect.

level the length would be 96 feet and the diagonal dimension would be about 128 feet. The project sponsor would request an exception to the bulk limits as allowed by Section 271 of the Planning Code. A Conditional Use would be required.

The Neighborhood Commercial Rezoning Proposal for Adoption contains a "comprehensive set of Master Plan policies and Zoning Controls for San Francisco's neighborhood commercial districts."[2] Interim controls were adopted by the City Planning Commission on March 14, 1985. The proposed Post Street Medical Center Building and Parking Garage is located in an area proposed for permanent rezoning and currently subject to interim controls. The entire site, including Lot 24, would be rezoned to NC-3, Moderate Scale Neighborhood Commercial District. The NCR Proposal for Adoption describes the NC-3 district as follows:

> "NC-3 districts are intended in most cases to offer a wide variety of comparison and specialty goods and services to a population greater than the immediate neighborhood, additionally providing convenience goods and services to the surrounding neighborhoods. . . . . NC-3 building standards encourage moderately large commercial uses and buildings . . . . A diversified commercial environment is encouraged for the NC-3 district, and a wide variety of uses are permitted."[2]

The proposed Post Street Medical Center Building would be classified as "medical service," a permitted use. A Conditional Use authorization would be required for the medical office building because the lot is over 10,000 square feet. Ground-floor retail and street trees, required in an NC-3 district, would be incorporated into the project design. The proposed parking garage would also require conditional use authorization.

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[1] William H. Gurtner, President, Mount Zion Hospital and Medical Center, letter to Jeffrey Lee, Director of Public Works, January 16, 1985.

[2] San Francisco Department of City Planning, Neighborhood Commercial Rezoning, Proposal for Adoption, February 1985, updated March 28, 1985.

B. ENVIRONMENTAL EFFECTS Could the project:

	Yes	No	Discussed
1. Land Use.			
*a. Disrupt or divide the physical arrangement of an established community?	___	X	___
b. Have any substantial impact upon the existing character of the vicinity?	X	___	X

The properties surrounding the proposed project within a two- to three-block radius are generally residential intermixed with a variety of commercial land uses. Mount Zion Hospital and Medical Center and Kaiser Hospital are two institutions in the area. Numerous medical offices, some associated with the two hospitals, are located generally to the south, east and north of the proposed project. Divisadero serves as a neighborhood commercial street. Residential buildings in the area are mainly two- and three-story multiple-family dwellings. Automobile parking is a common land use in the area because of demand generated by Kaiser and Mount Zion hospitals.

The proposed project would request the vacation of Erkson Court, a dead-end alley. Erkson Court currently serves as an entrance to the surface parking lot and cars park on it. Since Erkson Court does not connect to any other street and does not access any point within the block that would be landlocked without it, its removal would not disrupt the physical arrangement of the block.

The project would not disrupt or divide the physical arrangement of an established community. Along with the proposed Kaiser North Wing Addition and Parking Garage, the Post Street Medical Center Building and parking garage could contribute to an increase in the scale and intensity of land uses. This matter will be further discussed in the EIR.

	Yes	No	Discussed
2. Visual Quality			
*a. Have a substantial, demonstrable negative aesthetic effect?	___	X	X

*Derived from State EIR Guidelines, Appendix G, normally significant effect.

	Yes	No	Discussed
b. Substantially degrade or obstruct any scenic view or vista now observed from public areas?	___	X	X
c. Generate obtrusive light or glare substantially impacting other properties?	___	X	___

About three-quarters of the project site is occupied by parked cars. Since most of the site is open, it is possible to see from Post to Sutter while standing mid-block. Views from near the site are either short views, typical of an urban environment, of streets and hills covered with houses and medium and high-rise apartment buildings, or longer views to the

Financial District skyline, which are disrupted by overhead cables, telephone poles, parked cars, aerial antennae, signs and structures. From the corner of Post and Divisadero, views travel west up to Presidio Street where the Muni car barn sits on the top of the hill. From this corner looking southwest, the top of Kaiser Hospital and Terra Vista apartments can be seen. To the east, from both Sutter and Post Streets, the tops of downtown highrises are visible.

Residential building heights are generally two to four stories. The tallest buildings in the immediate vicinity (one to two blocks) belong to Mount Zion Hospital. The East-West and North Wings on the east side of Divisadero between Post and Sutter are both seven stories. The Pavilion, on Sutter between Divisadero and Scott, is eight stories.

The proposed project would provide an aesthetic change from the parking lots and small-scale medical office buildings that currently occupy the site. The proposed medical center structure would be a six-story stucco and glass structure. It would be set back at the second, third, fourth and fifth levels on Post Street. The setbacks would be landscaped terraces. The proposed five level parking garage would be partially enclosed at four levels and open on the roof.

*Derived from State EIR Guidelines, Appendix G, normally significant effect.

The proposed project would be visible from surrounding properties on Sutter, Post and Divisadero Streets. Patients and employees on the upper floors of Mount Zion's North Wing would look out over the medical center building and parking garage roof. The proposed project would be visible from the upper floors of Kaiser Hospital's East Wing and from Presidio Street, but because Mount Zion (behind the proposed project) is taller, there would be little, if any, obstruction of existing views.

With respect to the proposed project's physical relationship to adjacent structures and the neighborhood environment, the following policies in the Urban Design Plan of the San Francisco Comprehensive Plan apply:

> Major New Development Policy #2: "Avoid extreme contrasts in color, shape, and other characteristics which will cause new buildings to stand out in excess of their public importance."
>
> Major New Development Policy #5: "Relate the height of buildings to important attributes of the city pattern and to the height and character of existing development."
>
> Major New Development Policy #6: "Relate the bulk of buildings to the prevailing scale of development to avoid an overwhelming or dominating appearance in new construction."

The form, and building materials and color of the proposed structure would be similar to existing commercial and institutional structures in the area. The height and bulk of the proposed medical center building and garage would be similar to the existing commercial and institutional structures, such as Mount Zion Hospital. Residential structures in the area, as noted above, range from two to four stories. In this area, they are mostly multi-family flats and apartment buildings. The proposed office building and parking structure would be less compatible with this smaller scale of development than with the larger structures, such as Mount Zion.

> Neighborhood Environment Policy #12: "Install, promote, and maintain landscaping in public and private areas."
>
> Neighborhood Environment Policy #13: "Improve pedestrian areas by providing human scale and interest."

Neighborhood Environment Policy #14: "Remove and obscure distracting and cluttering elements."

The proposed project would remove most of the existing open parking lots. Parked cars would be semi-obscured by the parking structure. The perimeter landscaping, including street trees on Sutter and Divisadero Streets, and the ground floor of the medical center building with its retail activities would add visual interest and human scale to the pedestrian environment.

The proposed project would not generate obtrusive light or glare. Reflective glass would not be used. The medical center building would be expected to operate during normal business hours and interior lights would be shut off when the offices were unoccupied. The parking garage would be open at night, however, the relatively low level of lighting would not affect neighboring properties.

	Yes	No	Discussed
3. Population			
*a. Induce substantial growth or concentration of population?	___	X	X
*b. Displace a large number of people (involving either housing or employment)?	___	X	X
c. Create a substantial demand for additional housing in San Francisco, or substantially reduce the housing supply?	___	X	X

The proposed project would replace an existing 175-space surface parking lot and relocate the one-story, 3,600 square foot medical office building (Crisis Center) which is operated by Mount Zion. A two-story, 2,100 gsf medical office building staffed by four physicians would be demolished. The loss of on-site employment resulting from the project would be minimal. Three operators employed by the parking concession would be displaced. About nine people (physicians and staff) working in the medical office building would be temporarily displaced during construction. All of the tenants have the option of relocating to the new Medical Center; as of June 1985, six had decided to accept the option.[1]

*Derived from State EIR Guidelines, Appendix G, normally significant effect.

Potential on-site employment is as follows: 270 office workers (1 per 250 square feet of office space); 9 retail employees (1 per 350 square feet of retail space); 6 janitorial employees (1 per 12,000 square feet); and 26 parking attendant/operators (1 per 5,100 square feet). Office and retail employees would use the building during the day and some parking and janitorial employees would work at night.

The creation of new jobs on-site could generate additional demand for housing in San Francisco. One method of estimating housing demand from a project is through the formula outlined in the Department of City Planning's Office Housing Production Program (OHPP) Guidelines. The OHPP formula is the basis for the City Planning Commission policy of requiring housing to offset demand generated by office development in excess of 50,000 square feet. According to that formula, the increase in office space on-site could generate a demand for approximately 26 dwelling units. This assumes an interpretation in which all of the net new office space, medical or other, would be subject to OHPP.

Amendments to the Downtown Plan Zoning Ordinance (June 24, 1985) were voted upon by the Board of Supervisors on the first reading, July 1, 1985. That reading excluded "any facility, other than physicians' or other individuals' offices and uses accessory thereto, customarily used for furnishing medical services" from the definition of office space (Section 320(f)). The proposed project would, by definition, be exempt from OHPP, since physicians' offices would comprise less than 50,000 square feet.

These issues will not be discussed in the EIR.

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[1] Paula Collins, Principal, Western Development Group, telephone conversation, June 21, 1985.

	Yes	No	Discussed
4. Transportation/Circulation			
*a. Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system?	X	___	X

*Derived from State EIR Guidelines, Appendix G, normally significant effect.

	Yes	No	Discussed
b. Interfere with existing transportation systems, causing substantial alterations to circulation patterns or major traffic hazards?	X	___	X
c. Cause a substantial increase in transit demand which cannot be accommodated by existing or proposed transit capacity?	X	___	___
d. Cause a substantial increase in parking demand which cannot be accommodated by existing parking facilities?	___	X	X

Increased employment and added retail traffic at the site would increase demand on existing transportation systems, including effects on the existing traffic load and capacity of the street system. The number of pedestrians in the area would also increase. The project would not cause alterations to existing circulation patterns. Although transportation effects of the project by itself would not be expected to be substantial, the transportation impacts from cumulative development (to which the project would contribute) could have a significant effect. Project-related impacts and cumulative transportation, parking and circulation impacts will be analyzed and described in the EIR. Relevant policies of the Transportation Element of the Comprehensive Plan also will be discussed.

5. Noise.

*a. Increase substantially the ambient noise levels for adjoining areas?	X	___	X
b. Violate Title 25 Noise Insulation Standards, if applicable?	___	X	___
c. Be substantially impacted by existing noise levels?	___	X	___

A background report was prepared on noise for the project and is available for review at the Department of City Planning, Office of Environmental Review, 450 McAllister Street. The conclusions from the report are presented here.

*Derived from State EIR Guidelines, Appendix G, normally significant effect.

a. Project Operation

The noise environment of the site is dominated by vehicular traffic noise on Sutter, Post, Divisadero and Broderick Streets. The Environmental Protection Element of the San Francisco Master Plan indicates a day-night average noise leve (L_{dn}) of 70 dBA on Post and Sutter Streets and 75 dBA on Divisadero Street. The Environmental Protection Element of the Master Plan contains guidelines for determining the compatibility of various land uses with different noise environments. For office uses the guidelines recommend no special noise control measures in an exterior noise environment up to an L_{dn} of 70 dBA. For noise levels of 75 dBA and above the guidelines recommend an analysis of noise reduction requirements and inclusion of noise insulation features in the building design. The proposed structure would not include housing, so Title 25 Noise Standards would not be applicable.

Project operation would not result in perceptibly greater noise levels than those existing in the area. The amount of traffic generated by the project during any hour of the day, and cumulative traffic increases at the time of project completion, would cause traffic noise levels to increase by two dBA or less. To produce a noticeable increase in environmental noise, a doubling of existing traffic volume would be required, which is not anticipated in the area.[3]

The project would be required to comply with the San Francisco Noise Ordinance, San Francisco Police Code Section 2909, "Fixed Source Noise Levels," which regulates mechanical equipment noise. The project site and surrounding area are within a C-2 district. In this district, the ordinance limits equipment noise levels at the property line to 60 dBA between the hours of 10 p.m. and 7 a.m. During lulls in traffic, mechanical equipment generating 70 dBA could dominate the noise environment at the site. The project engineer and architect would include design features in the building to limit mechanical equipment noise levels to 60 dBA. As equipment noise would be limited to 60 dBA to meet the nighttime limit, it would not be perceptible above the ambient noise levels in the project area.

b. Construction Noise

Ambient noise in the project vicinity is typical of noise levels in downtown San Francisco, which is dominated by vehicular traffic, including trucks, cars, Muni buses and emergency vehicles. The nearest noise-sensitive receptors to the proposed parking structure are the medical office building located on Post Street at the southwest corner of the proposed site and the Crisis Center and a commercial building located at the intersection of Sutter and Divisadero at the northeast corner of the proposed site. The next nearest sensitive receptors are residences across Sutter and Post Streets from the site and the Mount Zion Hospital across Divisadero Street from the site.

The noise levels outside the hospital and outside the residences along Sutter and Post Street range from an average level of 63 to 74 dBA.[4] Maximum noise levels at these locations range from 70 to 89 dBA. These levels are generated by individual cars, trucks and buses. The noise levels inside the offices in the medical office building on Post Street are also dominated by traffic noise emanating primarily from Post and Divisadero Streets. Maximum noise levels during truck and bus passbys range from 50 to 60 dBA inside these offices. The background noise level inside these offices is dominated by the air conditioning in the building at a level of about 45 dBA.

Project construction would take place over about 11 months, and would increase noise levels in surrounding areas. Construction noise levels would fluctuate depending on construction phase, equipment type and duration of use, distance between noise source and listener, and presence or absence of barriers between noise source and listener.

Construction noise is regulated by the San Francisco Noise Ordinance (Article 29 of the City Police Code). The ordinance requires that sound levels of construction equipment other than impact tools not exceed 80 dBA at a distance of 100 feet from the source. Impact tools (jackhammers, pile drivers, impact wrenches) must have both intake and exhaust muffled to the satisfaction of the Director of Public Works. Section 2908 of the Ordinance prohibits construction work at night, from 8:00 p.m. to 7:00 a.m., if noise would exceed the ambient noise level by five dBA at the project property line, unless a special permit is authorized by the Director of Public Works.

It is estimated that the construction of the medical office building and parking structure would occur over approximately an 11-month period. Three to four weeks would be required to do the foundation preparation; approximately four weeks would be required to drill and pour the foundation piers; and approximately nine months would be required to complete both structures.

During the foundation preparation phase (three to four weeks), the major noise sources would be generated by pavement breakers, grading equipment, front-end loaders and trucks. The highest noise levels would be generated by the pavement breakers. Noise levels of up to 90 dBA measured at a distance of 50 feet could be expected. The noise levels generated by bulldozers, front-end loaders and trucks would be similar and would range from 75 to 85 dBA measured at a distance of 50 feet. During the majority of the site preparation phase, the noise levels would be below 70 dBA. Noise levels inside adjacent buildings could be expected to be occasionally annoying and to interfere with conversation.

After grading, pier holes would be drilled and concrete pier foundations would be poured (about four weeks). The drill and the concrete pumping trucks would generate noise levels ranging from 80 to 85 dBA measured at a distance of 50 feet. No pile-driving would be required by the proposed project. During the erection of the structure, the maximum noise levels would be generated by concrete pump trucks. In summary, during the majority of construction activity, noise levels would be expected to be at or below existing levels in the area.

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[1] San Francisco Department of City Planning, Environmental Protection, An Element of the Comprehensive Plan, adopted by Resolution 7020, May 24, 1973.

[2] dBA is a measure of sound in units of decibels (dB). The "A" denotes the A-weighted scale, which simulates the response of the human ear to various frequencies of sound.

L_{dn}, the day-night average noise level, is a noise measurement based on human reaction to cumulative niose exposure over a 24-hour period, taking into account the greater annoyance of nighttime noises; noise between 10 p.m. and 7 a.m. is weighted 10 dBA higher than daytime noise.

[3]See Downtown Plan EIR (EE81.3) Continuous Section IV.E. generally and Section IV.J., pp. IV.J.8-18. Increases of 1 dBA or less in environmental noise are not noticeable by most people outside a laboratory situation (National Academy of Sciences, Highway Research Board, Rsch Rpt No. 117 (1971)). (See also FHWA Highway Traffic Noise Prediction Model underlines, Rpt #FHWA-RD-77-108, December 1978, p. 8, regarding doubling of traffic volumes producing increases of 3 dBA or more, which are noticed by most people.)

[4]Noise measurements were taken on Friday, August 24, Tuesday, August 28, 1984 and Wednesday, June 26, 1985 at six locations on Post, Sutter and Divisadero Streets, on the site, across the street from the site and at Mount Zion Hospital, by Charles M. Salter Associates.

	Yes	No	Discussed
6. Air Quality/Climate			
*a. Violate any ambient air quality standard or contribute substantially to an existing or projected air quality violation?	___	X	X
*b. Expose sensitive receptors to substantial pollutant concentrations?	___	X	X
c. Permeate its vicinity with objectionable odors?	___	X	___
d. Alter wind, moisture or temperature (including sun shading effects) so as to substantially affect public areas, or change the climate either in the community or region?	___	X	X

Two types of air quality impacts could be expected from the proposed building: long-term impacts related to use and operation of the project, and short-term impacts from construction activity. Impacts related to use and operation of the project will be discussed in the EIR.

Construction activities would temporarily affect local air quality. Demolition, grading and construction activities would affect local air quality, especially total suspended particulates (TSP). The nearest sensitive receptor that could be affected by construction air quality effects would be Mount Zion Hospital, directly to the east of the site on

*Derived from State EIR Guidelines, Appendix G, normally significant effect.

Divisadero Street. The project sponsor has stipulated a mitigation measure to reduce dustfall and particulates (page 32). Construction air quality impacts will not be discussed in the EIR.

The project would not have a substantially adverse shadowing effect on streets around the site. Mount Zion Hospital to the east already casts shadows across the site and on Post and Scott Streets. The project would cast a shadow on the Post/Divisadero intersection and a parking lot on the southeast corner of Divisadero and Post, which now receives afternoon sun. Because the intersection and parking lot are not public open spaces for recreational use, this is not considered to be a substantially adverse effect. Hamilton Recreation Center, at Geary and Steiner, is one block southeast of the site. Shadows from the proposed project would not affect the park since it would first be affected by the taller Mount Zion building.

	Yes	No	Discussed
7. Utilities/Public Services			
*a. Breach published national, state or local standards relating to solid waste or litter control?	___	X	___
*b. Extend a sewer trunk line with capacity to serve new development?	___	X	___
c. Substantially increase demand for schools, recreation or other public facilities?	___	X	X
d. Require major expansion of power, water, or communications facilities?	___	X	X

The proposed project would contribute to the cumulative demand for community services city-wide. Cumulative impacts upon solid waste and waste water service providers have been analyzed in the Downtown Plan EIR and no significant impacts have been identified. The Downtown Plan EIR setting and impacts discussion for solid waste and waste water (Vol. 1, IV.F.1-2 & IV.F.8-10; Vol. 2, pp. A-7 & K.1-2, Vol. 3, pp. C&R F.1-4), is summarized below and incorporated by reference herein.

*Derived from State EIR Guidelines, Appendix G, normally significant effect.

The City's (C-3 and non-C-3) solid waste is currently disposed of at the Altamont Hills landfill, pursuant to a five-year contract which expires November 1, 1988. The City is currently searching for additional landfill capacity to accomodate the City's solid waste generated in the years after 1988.

A sewer system is being built pursuant to the City's Clean Water Program. The system is intended to handle combined volumes of sewage and rainwater runoff. Since the capacity of the system is designed to handle rainwater flows (which can be 50 times the volume of regular sewage) additional development citywide would not affect operation of the sewer system.

Providers of all other utilities and services have been contacted and have indicated that existing capacities are adequate to serve the proposed project. Statements from utility and service providers are available for public review at the Department of City Planning, Office of Environmental Review, 450 McAllister Street, Fifth Floor. No further analysis is necessary in the EIR.

	Yes	No	Discussed
8. Biology			
*a. Substantially affect a rare or endangered species of animal or plant or the habitat of the species?	___	X	___
*b. Substantially diminish habitat for fish, wildlife or plants, or interfere substantially with the movement of any resident or migratory fish or wildlife species?	___	X	___
c. Require removal of substantial numbers of mature, scenic trees?	___	X	___

*Derived from State EIR Guidelines, Appendix G, normally significant effect.

The project site is covered by pavement and buildings. There are no rare or endangered species of plants or animals on the site. Street trees would be planted along the Post, Divisadero and Sutter Street sidewalks. This issue will not be discussed in the EIR.

9. Geology/Topography

*a.	Expose people or structures to major geologic hazards (slides, subsidence, erosion and liquefaction)?	___	X	X
b.	Change substantially the topography or any unique geologic or physical features of the site?	___	X	X

The site of the proposed project is at about +142 feet San Francisco Datum (SFD) and slopes gently northwest to southeast.[1] Depth to bedrock varies from about 40 feet one block west of the site to more than 147 feet one block east of the site. The site is underlain by 20-47 feet of dune sand and 20-100 feet of clay, sand or sandy clay.[2]

Dune sand is easily excavated for foundation work. It can be rapidly recompacted and confined to provide moderate to high strength for structural support. Excavations deeper than about two feet would be susceptible to wind and rain erosion and would need to be shored up to prevent lateral movement of soils.[2] Adjacent structures might need to be underpinned, if excavations go below the base of their foundations, to avoid such damage as cracking of walls or foundations or sagging of floors. The building contractor would be required to comply with the San Francisco Building Code and the Excavation Standards of the California Occupational Safety and Health Agency.

The site would experience very strong groundshaking during a great earthquake along an active fault in the Bay Area. The site is not in any areas that could be affected by landslides subsidence, liquefaction or reservoir or tsunami inundation.[3]

The project would be designed and built in compliance with the foundation, structural and seismic requirements of the San Francisco Building Code, thus reducing earthquake-induced hazards. A geotechnical study prepared by a California-licensed geological

*Derived from State EIR Guidelines, Appendix G, normally significant effect.

engineering consultant would be prepared for the site; the project sponsor would adhere to the recommendations of the report.

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[1]San Francisco City Datum establishes the City's "0" point for surveying purposes at approximately 8.6 feet above mean sea level.

[2]J. Schlocker, Geology of San Francisco North Quadrangle, California, U.S. Geological Survey, Prof. Paper 782, U.S. Government Printing Office, Washington, D.C., 1974, plate 1 (scale 1:24,000), and Table 11.

[3]URS/John A. Blume and Associates, San Francisco Seismic Safety Investigation, San Francisco, California, June 1974, Figures 3, 4, 5, 7, 9 and 10.

	Yes	No	Discussed
10. Water			
*a. Substantially degrade water quality, or contaminate a public water supply?	___	X	___
*b. Substantially degrade or deplete ground water resources, or interfere substantially with ground water recharge?	___	X	___
*c. Cause substantial flooding, erosion or siltation?	___	X	___

There is no surface water at the site. The depth to groundwater is unknown at present, but would be reported if encountered during the geotechnical investigation of the site.

The site is covered by a paved parking lot and an existing building. Runoff would continue to drain into the combined City storm/sewer system. Should shallow groundwater be encountered, a mitigation for potential impacts due to dewatering has been included in the proposed project (see page 32).

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*Derived from State EIR Guidelines, Appendix G, normally significant effect.

	Yes	No	Discussed
11. Energy/Natural Resources			
*a. Encourage activities which result in the use of large amounts of fuel, water, or energy, or use these in a wasteful manner?	___	X	X
b. Have a substantial effect on the potential use, extraction, or depletion of a natural resource?	___	X	X

Annual energy consumption by existing uses on the site, a surface parking lot and a 2,100 square foot medical office building, is minimal.

Removal of the existing structure would require an unknown amount of energy. Fabrication and transportation of building materials, worker transportation, site development, and building construction would require about 20 billion Btu of gasoline, diesel fuel, natural gas, and electricity.[1] Distributed over the estimated 50-year life of the project, this would be about 200 million Btu per year, or about 2.5% of annual building energy requirements.

New buildings in San Francisco are required to conform to energy conservation standards specified by Title 24 of the California Administrative Code. Documentation showing compliance with these standards is submitted with the application for the building permit and is enforced by the Bureau of Building Inspection.

The proposed project would not encourage activities that would result in the wasteful use of energy or have a substantial effect on natural resources. At the time of this writing, the lack of detailed design information for the proposed project precludes a thorough energy analysis. Operational and transportation-related energy use will be discussed in the EIR.

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[1] Hannon, B., et. al., 1978, "Energy and Labor in the Construction Sector," Science 202:837-847.

	Yes	No	Discussed
12. Hazards			
*a. Create a potential public health hazard or involve the use, production or disposal of materials which pose a hazard to people or animal or plant populations in the area affected?	___	X	___
*b. Interfere with emergency response plans or emergency evacuation plans?	___	X	X
c. Create a potentially substantial fire hazard?	___	X	X

The project would not create a potential public health hazard through the production or disposal of harmful materials. An evacuation and emergency response plan would be developed as part of the proposed project (see D., Mitigation Measures, page 31). The project's emergency plan would be coordinated with the City's emergency planning activities. The project would not create a substantial fire hazard because it would incorporate more extensive fire protection measures than most buildings in the area to comply with more stringent code standards now in effect. These issues will not be discussed in the EIR.

13. Cultural			
*a. Disrupt or adversely affect a prehistoric or historic archaeological site or a property of historic or cultural significance to a community or ethnic or social group; or a paleontological site except as a part of a scientific study?	___	X	X
b. Conflict with established recreational, educational, religious or scientific uses of the area?	___	X	___

	Yes	No	Discussed
c. Conflict with the preservation of buildings subject to the provisions of Article 10 or (proposed) Article 11 of the City Planning Code	___	X	___

The amount of grading required for foundations would occur in existing disturbed soils so there would be limited potential for encountering cultural resources during construction. No known archaeological resources exist on or near the site. Issues associated with cultural impacts require no further discussion in the EIR.

C. OTHER

	Yes	No	Discussed
Require approval of permits from City Departments other than Department of City Planning or Bureau of Building Inspection, or from Regional, State or Federal Agencies?	X	___	X

The decision to vacate Erkson Court would require approval by the Department of Public Works, Master Plan referral by the City Planning Commission and approval by the Board of Supervisors.

	Yes	No	N/A	Discussed
D. MITIGATION MEASURES				
1. If any significant effects have been identified, are there ways to mitigate them?	X	___	___	X
2. Are all mitigation measures identified above included in the project?	___	X	___	X

MITIGATION MEASURES INCLUDED AS PART OF THE PROJECT:

1. An evacuation and emergency response plan would be developed by the project sponsor or building management staff, in consultation with the Mayor's Office of Emergency Services, to ensure coordination between the City's emergency planning

activities and the project's plan, and to provide for building occupants in the event of an emergency. The project's plan would be reviewed by the Office of Emergency Services and implemented by building management insofar as feasible before issuance of final building permits by the Department of Public Works.

2. The California Health and Safety Code requires that measures be taken to minimize dust generation by watering demolition materials and soils. An effective watering program (complete coverage twice daily) can reduce emissions by about 50%. The project sponsor would require the contractor to implement a program to water the site at least twice a day, which would reduce airborne construction dust and particulates by about 50% and reduce the likelihood of exceeding the state and federal standards.

3. A California-licensed structural engineer and a geotechnical consultant would prepare a foundation and structural design report for the project. The project sponsor would construct the project in accordance with the recommendations of the report pertaining to excavation and foundations.

4. If dewatering were necessary, any groundwater pumped from the site would be retained in a holding tank to allow suspended particles to settle, if this is found necessary by the Industrial Waste Division of the Department of Public Works, to reduce the amount of sediment entering the storm drain/sewer lines. Groundwater observation wells would be installed to monitor the level of the water table and other instruments would be used to monitor potential settlement and subsidence. If, in the judgment of City engineers, unacceptable subsidence occurs during construction, groundwater recharge would be begun to halt the settlement.

5. The construction contract would require that project contractor muffle and shield intakes and exhaust, shroud or shield impact tools, and use electric-powered rather than diesel-powered construction equipment, as feasible, so that noise would not exceed limits stated in the City's Noise Ordinance (Article 29 of the San Francisco Police Code).

6. The general contractor would construct a barrier around the site which would reduce construction noise by as much as five dBA.

7. Should evidence of cultural or historic artifacts of significance be found during project excavation, the Environmental Review Officer (ERO) and the President of the Landmark's Preservation Advisory Board would be notified immediately, and any excavation which could damage such artifacts halted. The project sponsor would select the archaeologist or other expert to help the office of Environmental Review determine the significance of the find and whether feasible measures, including appropriate security measures, could be implemented to preserve or recover such artifacts. The ERO would then recommend specific mitigation measures, if necessary.

   Copies of reports prepared according to this mitigation measure would be sent to the California Archaeological Site Survey Office at Sonoma State University. Excavation or construction that might damage the discovered cultural resources would be suspended for a maximum of four weeks (cumulatively for all instances that the ERO has required a delay in excavation or construction) to permit inspection, recommendation and retrieval, if appropriate.

Additional mitigation measures for the project will be discussed in the EIR if the need is indentified

E. MANDATORY FINDINGS OF SIGNIFICANCE	Yes	No	Disc.
*1. Does the project have the potential to degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to eliminate a plant or animal community, reduce the number or restrict the range of a rare or endangered plant or animal, or eliminate important examples of the major periods of California history or pre-history?	_	X	_
*2. Does the project have the potential to achieve short-term, to the disadvantage of long-term, environmental goals?	_	X	_

*3. Does the project have possible environmental effects which are individually limited, but cumulatively considerable? (Analyze in the light of past projects, other current projects, and probable future projects.)	X	_	_
*4. Would the project cause substantial adverse effects on human beings, either directly or indirectly?	_	X	_
*5. Is there a serious public controversy concerning the possible environmental effect of the project?	_	X	_

F. ON THE BASIS OF THIS INITIAL STUDY:

___ I find the proposed project COULD NOT have a significant effect on the environment, and a NEGATIVE DECLARATION will be prepared by the Department of City Planning.

___ I find that although the proposed project could have a significant effect on the environment, there WILL NOT be a significant effect in this case because the mitigation measures, numbers __, in the discussion have been included as part of the proposed project. A NEGATIVE DECLARATION will be prepared.

X I find that the proposed project MAY have a significant effect on the environment, and an ENVIRONMENTAL IMPACT REPORT is required.

Barbara W. Sahm

Barbara W. Sahm
Environmental
Review Officer

for

Dean L. Macris
Director of Planning

Date: 9/22/85

*Derived from State EIR Guidelines, Appendix G, normally significant effect.

DISTRIBUTION LIST

STATE AND FEDERAL AGENCIES

General Project Section
Air Resources Board

California Arch. Site Inventory
Regional Office

Calif. Dept. of Transportation
Public Trans. Branch

Calif. Dept. of Transportation
Bus. & Trans. Agency

REGIONAL AGENCIES

Association of Bay Area Governments

Bay Area Air Quality Management
District

CITY AND COUNTY OF SAN FRANCISCO

Bureau of Bldg. Inspection

San Francisco City Attorney's Office

Landmarks Preservation Advisory Board

Economic Development Council

Public Utilities Commission

Public Utilities Commission
Energy Conservation

Recreation & Park Dept.

Bureau of Engineering - Streets and
Highways

Dept. of Public Works -
Mechanical Engineering Division

Department of Public Works
Traffic Engineering Division

San Francisco Fire Dept.

Municipal Railway
Planning Division

San Francisco Real Estate Dept.

San Francisco Water Department

GROUPS & INDIVIDUALS

M. David Thier, M.D., President
Anza Vista Association

Noni Richen, Chairperson
Beideman Area Neighborhood Group

Mildred Burrell, President
Fillmore Merchants & Improvement
Assoc.

Allen Simpson, President
Greater Divisadero Business Assoc.

Enid Berger, President
Greater Geary Blvd. Merchants &
Property Owners Assoc.

Steve Haskell
Mid-Divisadero Business Assoc.

Deborah Kutsko, President
Pacific Heights Residents Assoc.

Susan Campos, President
Pacific Heights Merchants & Property
Owners Assoc.

Wayne Corn, President
Planning Association for Divisadero St.

Mrs. Robert C. Harris, Jr., President
Sacramento Street Improvement Assoc.

Lexie Quiring, President
Sacramento Street Association

M.J. Staymates, Chairperson
Western Addition Neighborhood Assoc.

Pat Newman, Community Relations Dir.
Mount Zion Hospital

Charles Sweeny, VP Facilities Planning
Mount Zion Hospital

Deborah J. Petrie, Program
Development Dir.
Mount Zion Hospital

ADJACENT PROPERTY OWNERS

Russian Center of San Francisco

San Francisco Psychoanalytic Institute

Fidelity Savings & Loan

Botrus & Ferial Zaarour

The Heritage Co.

Robert & Susan Mengarelli

Gus Stathos

Averine Thomas

Pailun & Armen P. Melikian

Marjorie B. Lockhart

William J. Gamba
c/o The Rohrer Co.

Mt. Zion Hospital & Medical Center

Transamerica Title Insurance Co.

Med Group
c/o Gaetani Realty & Construction

Sook Ham Kee

Kaiser Foundation Hospitals
c/o Property Accounting

TABLE B-1 : VEHICULAR LEVELS OF SERVICE AT SIGNALIZED INTERSECTIONS

Level of Service	Description	Volume/Capacity (v/c) Ratio/a/
A	Level of Service A describes a condition where the approach to an intersection appears quite open and turning movements are made easily. Little or no delay is experienced. No vehicles wait longer than one red traffic signal indication. The traffic operation can generally be described as excellent.	less than 0.60
B	Level of Service B describes a condition where the approach to an intersection is occasionally fully utilized and some delays may be encountered. Many drivers begin to feel somewhat restricted within groups of vehicles. The traffic operation can generally be described as very good.	0.61-0.70
C	Level of Service C describes a condition where the approach to an intersection is often fully utilized and back-ups may occur behind turning vehicles. Most drivers feel somewhat restricted, but not objectionably so. The driver occasionally may have to wait more than one red traffic signal indication. The traffic operation can generally be described as good.	0.71-0.80
D	Level of Service D describes a condition of increasing restriction causing substantial delays and queues of vehicles on approaches to the intersection during short times within the peak period. However, there are enough signal cycles with lower demand such that queues are periodically cleared, thus preventing excessive back-ups. The traffic operation can generally be described as fair.	0.81-0.90
E	Capacity occurs at Level of Service E. It represents the most vehicles that any particular intersection can accommodate. At capacity there may be long queues of vehicles waiting up-stream of the intersection and vehicles may be delayed up to several signal cycles. The traffic operation can generally be described as poor.	0.91-1.00
F	Level of Service F represents a jammed condition. Back-ups from locations downstream or on the cross street may restrict or prevent movement of vehicles out of the approach under consideration. Hence, volumes of vehicles passing through the intersection vary from signal cycle to signal cycle. Because of the jammed condition, this volume would be less than capacity.	1.01+

/a/ Capacity is defined as Level of Service E.

SOURCE: San Francisco Department of Public Works, Traffic Division, Bureau of Engineering from Highway Capacity Manual, Highway Research Board, 1965

TABLE B-2: PASSENGER LEVELS OF SERVICE ON BUS TRANSIT

Level of Service	Description	Passengers per Seat
A	Level of Service A describes a condition of excellent passenger comfort. Passenger loadings are low with less than half the seats filled. There is little or no restriction on passenger maneuverability. Passenger loading times do not affect scheduled operation.	0.00-0.50
B	Level of Service B is in the range of passenger comfort with moderate passenger loadings. Passengers still have reasonable freedom of movement on the transit vehicle. Passenger loading times do not affect scheduled operations.	0.51-0.75
C	Level of Service C is still in the zone of passenger comfort, but loadings approach seated capacity and passenger maneuverability on the transit vehicle is beginning to be restricted. Relatively satisfactory operating schedules are still obtained as passenger loading times are not excessive.	0.76-1.00
D	Level of Service D approaches uncomfortable passenger conditions with tolerable numbers of standees. Passengers have restricted freedom to move about on the transit vehicle. Conditions can be tolerated for short periods of time. Passenger loadings begin to affect schedule adherence as the restricted freedom of movement for passengers requires longer loading times.	1.01-1.25
E	Level of Service E passenger loadings approach manufacturers' recommended maximums and passenger comfort is at low levels. Freedom to move about is substantially diminished. Passenger loading times increase as mobility of passengers on the transit vehicle decreases. Scheduled operation is difficult to maintain at this level. Bunching of buses tends to occur which can rapidly cause operations to deteriorate.	1.26-1.50
F	Level of Service F describes crush loadings. Passenger comfort and maneuverability is extremely poor. Crush loadings lead to deterioration of scheduled operations through substantially increased loading times.	1.51 1.60

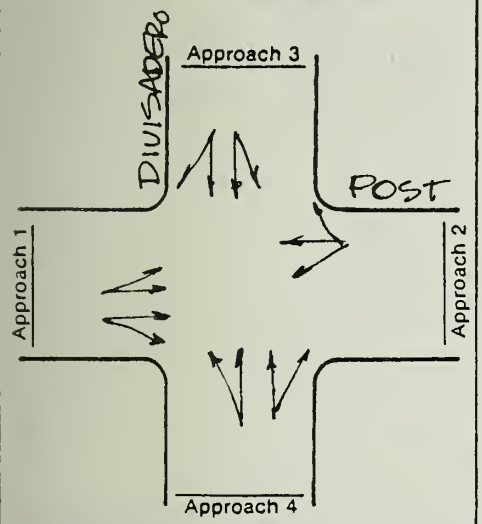
SOURCE: Environmental Science Associates, Inc. from information in the Interim Materials on Highway Capacity, Transportation Research Circular 212, pp. 73-113, Transportation Research Board, 1980.

INTERSECTION CAPACITY ANALYSIS

Intersection DIVISADERO / POST Design Hour PM PEAK 4:30-5:30

Other Conditions EXISTING TRAFFIC (COUNTED 9/6/84)

1. Identify Lane Geometry



4. Left Turn Check

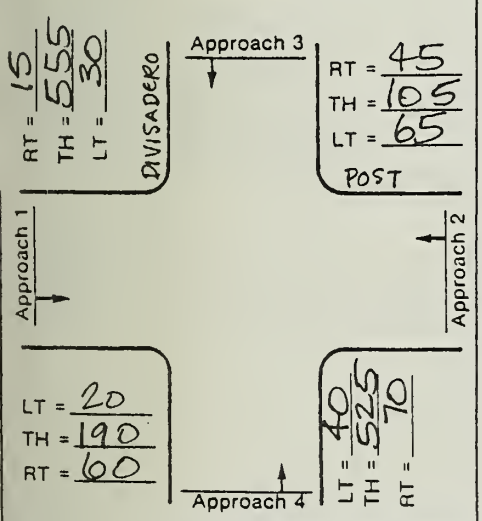
	Approach 1	2	3	4
a. Number of change intervals per hour				
b. Left turn capacity on change interval, in vph				
c. G/C Ratio				
d. Opposing volume in vph				
e. Left turn capacity on green, in vph				
f. Left turn capacity in vph (b + e)				
g. Left turn volume in vph				
h. Is volume > capacity (g > f)?				

6b. Volume Adjustment for Multiphase Signal Overlap

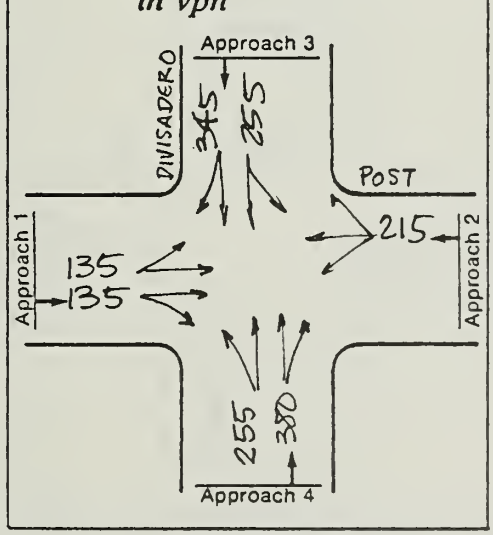
Probable Phase	Possible Critical Volume in vph	Volume Carryover to next phase	Adjusted Critical Volume in vph

2 ϕ

2. Identify Volumes, in vph



5. Assign Lane Volumes, in vph



7. Sum of Critical Volumes

135 + 65 + 380 + 30

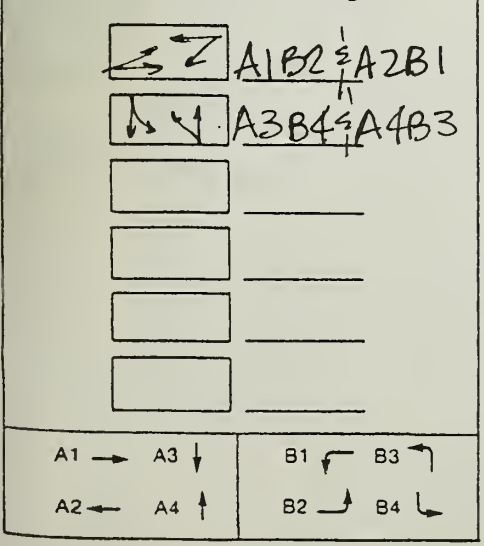
= 610 vph

8. Intersection Level of Service

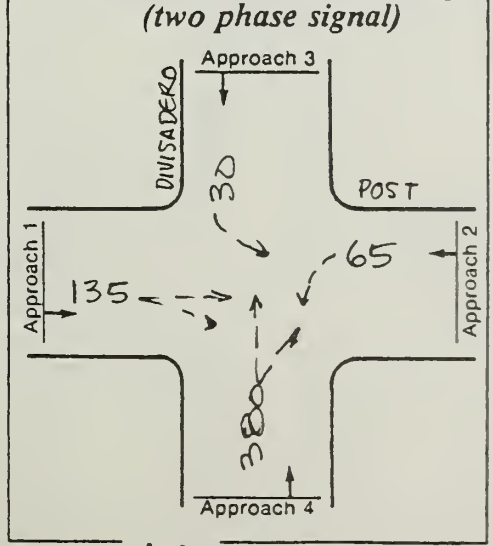
A 0.41

Notes:

3. Identify Phasing



6a. Critical Volumes, in vph (two phase signal)



Service Level Ranges

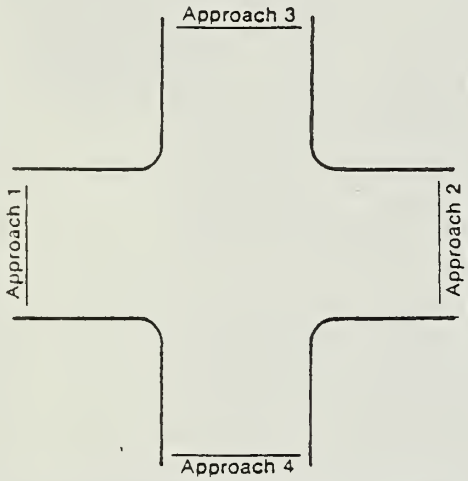
Level	Sum of Critical Volumes 2 Phase	3 Phase	4+ Phases
A	900	855	825
B	1050	1000	965
C	1200	1140	1100
D	1350	1275	1225
E	1500	1425	1375
F	not applicable		

INTERSECTION CAPACITY ANALYSIS

Intersection DIVISADERO/POST Design Hour P.M. PEAK

Other Conditions EXISTING WITH PROJECT TRAFFIC

1. Identify Lane Geometry



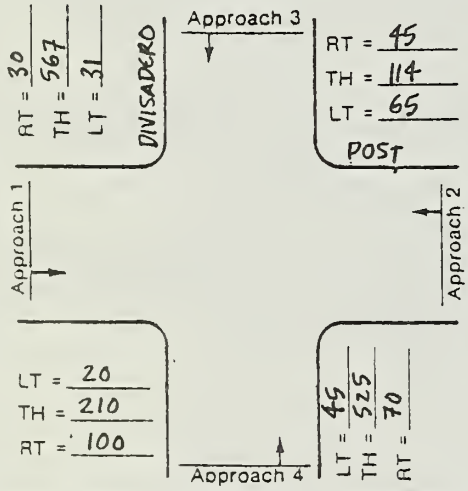
4. Left Turn Check

	Approach 1	2	3	4
a. Number of change intervals per hour				
b. Left turn capacity on change interval, in vph				
c. G/C Ratio				
d. Opposing volume in vph				
e. Left turn capacity on green, in vph				
f. Left turn capacity in vph (b + e)				
g. Left turn volume in vph				
h. Is volume > capacity (g > f)?				

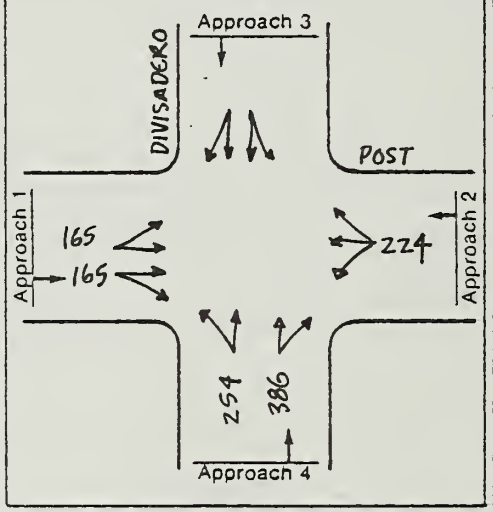
6b. Volume Adjustment for Multiphase Signal Overlap

Probable Phase	Possible Critical Volume in vph	Volume Carryover to next phase	Adjusted Critical Volume in vph

2. Identify Volumes, in vph



5. Assign Lane Volumes, in vph



7. Sum of Critical Volumes

165 + 31 + 386 + 65

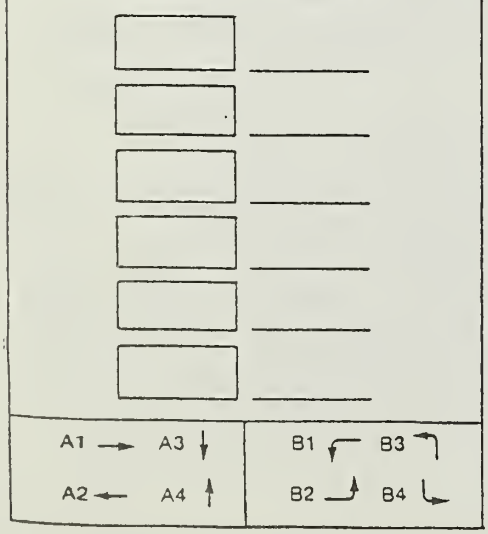
= 647 vph

8. Intersection Level of Service

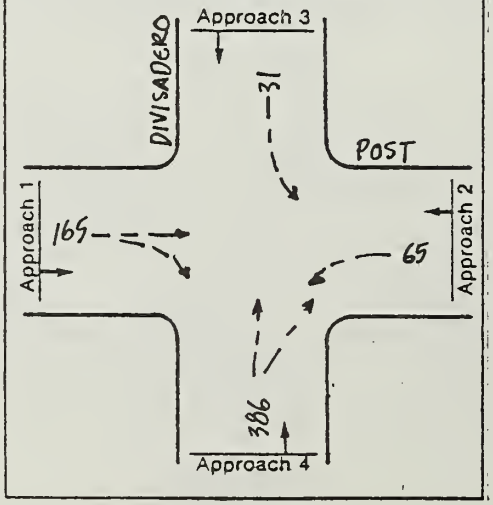
A 0.43

Notes:

3. Identify Phasing



6a. Critical Volumes, in vph (two phase signal)



Service Level Ranges

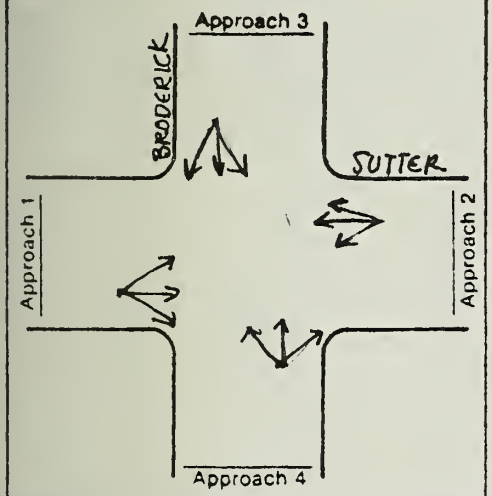
Level	Sum of Critical Volumes 2 Phase	3 Phase	4+ Phases
A	900	855	825
B	1050	1000	965
C	1200	1140	1100
D	1350	1275	1225
E	1500	1425	1375
F	not applicable		

INTERSECTION CAPACITY ANALYSIS

Intersection SUTTER / BRODERICK Design Hour PM PEAK

Other Conditions EXISTING TRAFFIC (COUNTED 4-24-85)

1. Identify Lane Geometry



4. Left Turn Check

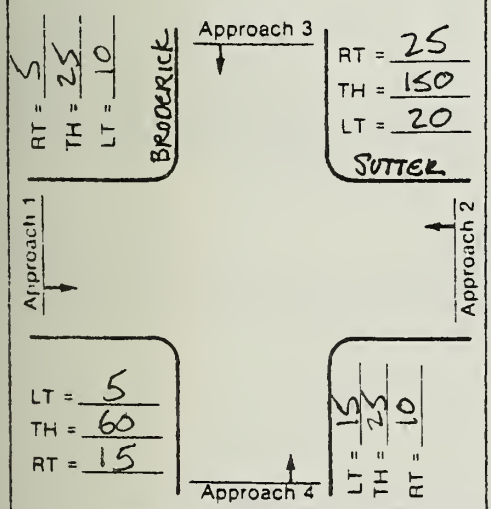
	Approach 1	2	3	4
a. Number of change intervals per hour				
b. Left turn capacity on change interval, in vph				
c. G/C Ratio				
d. Opposing volume in vph				
e. Left turn capacity on green, in vph				
f. Left turn capacity in vph (b + e)				
g. Left turn volume in vph				
h. Is volume > capacity (g > f)?				

6b. Volume Adjustment for Multiphase Signal Overlap

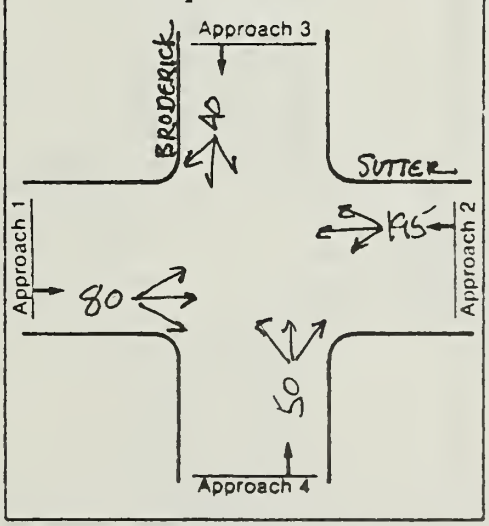
Probable Phase	Possible Critical Volume in vph	Volume Carryover to next phase	Adjusted Critical Volume in vph

2 ϕ

2. Identify Volumes, in vph



5. Assign Lane Volumes, in vph



7. Sum of Critical Volumes

5 + 10 + 175 + 35

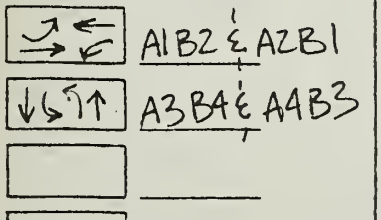
= 225 vph

8. Intersection Level of Service

A 0.15

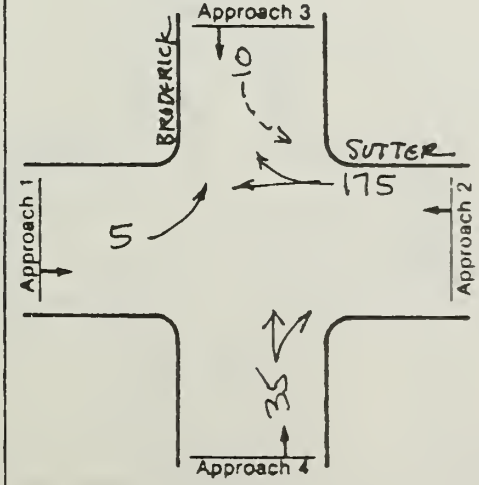
Notes:

3. Identify Phasing



A1 → A3 ↓	B1 ↰ B3 ↱
A2 ← A4 ↑	B2 ↱ B4 ↳

6a. Critical Volumes, in vph (two phase signal)



Service Level Ranges

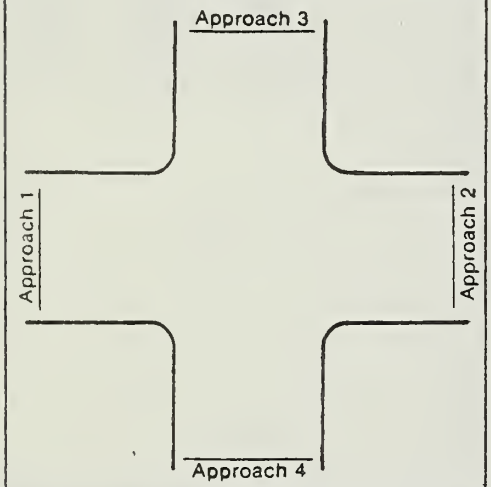
Level	Sum of Critical Volumes 2 Phase	3 Phase	4+ Phases
A	900	855	825
B	1050	1000	965
C	1200	1140	1100
D	1350	1275	1225
E	1500	1425	1375
F	not applicable		

INTERSECTION CAPACITY ANALYSIS

Intersection SUTTER/BRODERICK Design Hour P.M. PEAK

Other Conditions EXISTING WITH PROJECT TRAFFIC

1. Identify Lane Geometry



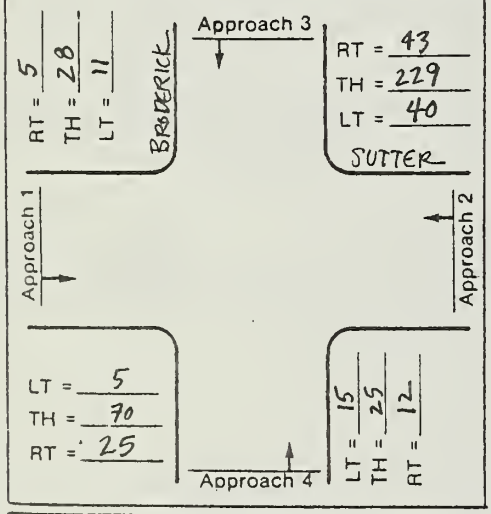
4. Left Turn Check

	Approach 1	2	3	4
a. Number of change intervals per hour				
b. Left turn capacity on change interval, in vph				
c. G/C Ratio				
d. Opposing volume in vph				
e. Left turn capacity on green, in vph				
f. Left turn capacity in vph (b + e)				
g. Left turn volume in vph				
h. Is volume > capacity (g > f)?				

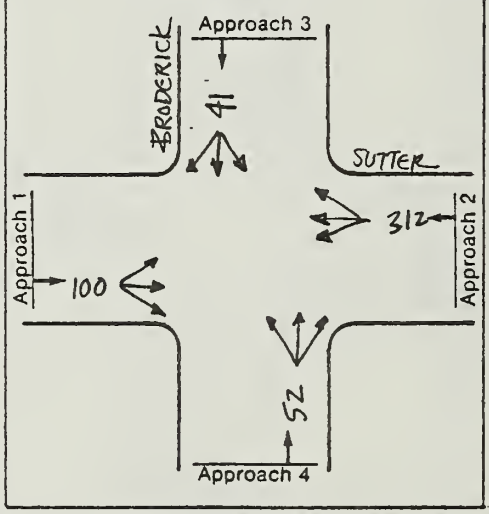
6b. Volume Adjustment for Multiphase Signal Overlap

Probable Phase	Possible Critical Volume in vph	Volume Carryover to next phase	Adjusted Critical Volume in vph

2. Identify Volumes, in vph



5. Assign Lane Volumes, in vph



7. Sum of Critical Volumes

5 + 11 + 272 + 37

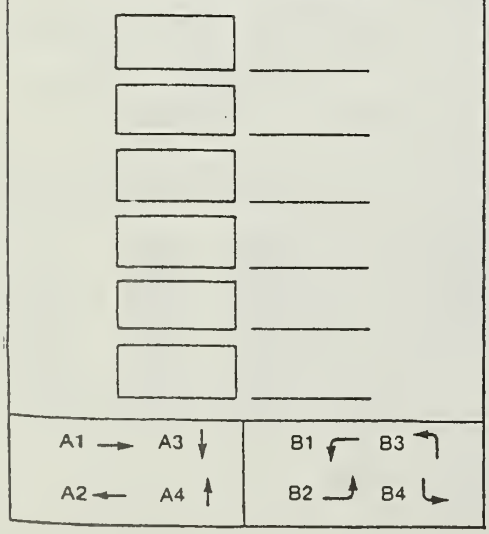
= 325 vph

8. Intersection Level of Service

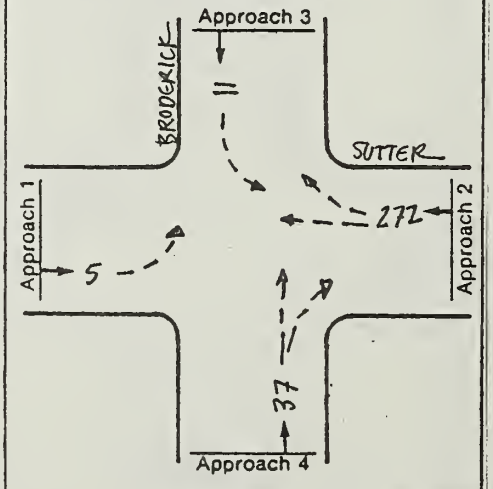
A 0,22

Notes:

3. Identify Phasing



6a. Critical Volumes, in vph (two phase signal)



Service Level Ranges

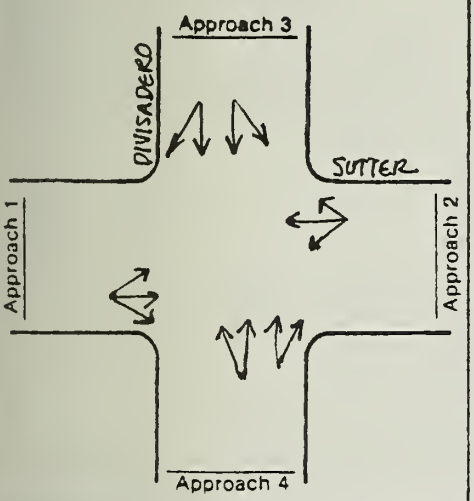
Level	Sum of Critical Volumes 2 Phase	3 Phase	4+ Phases
A	900	855	825
B	1050	1000	965
C	1200	1140	1100
D	1350	1275	1225
E	1500	1425	1375
F	not applicable		

INTERSECTION CAPACITY ANALYSIS

Intersection DIVISADERO/SUTTER Design Hour PM PEAK

Other Conditions EXISTING TRAFFIC (COUNTED 4-16-85)

1. Identify Lane Geometry



4. Left Turn Check

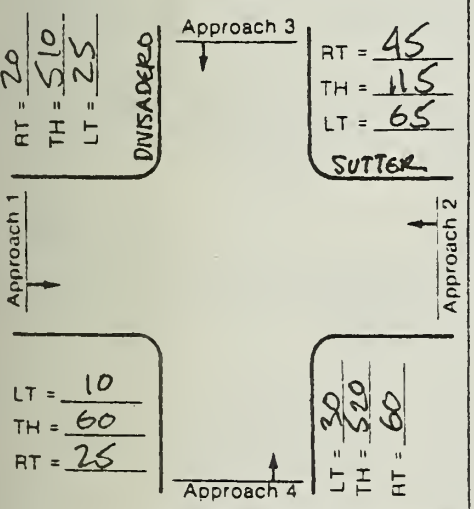
	Approach 1	2	3	4
a. Number of change intervals per hour				
b. Left turn capacity on change interval, in vph				
c. G/C Ratio				
d. Opposing volume in vph				
e. Left turn capacity on green, in vph				
f. Left turn capacity in vph (b + e)				
g. Left turn volume in vph				
h. Is volume > capacity (g > f)?				

6b. Volume Adjustment for Multiphase Signal Overlap

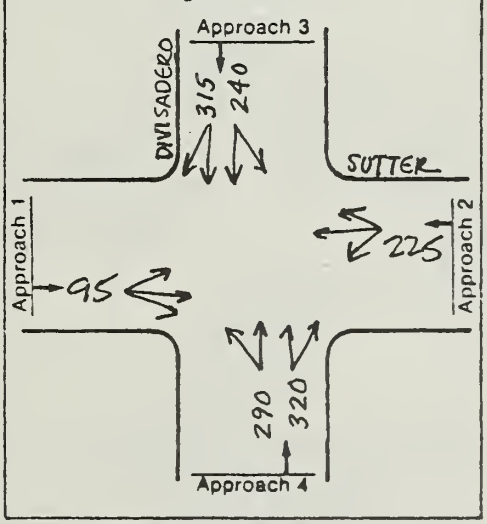
Probable Phase	Possible Critical Volume in vph	Volume Carryover to next phase	Adjusted Critical Volume in vph

2 ϕ

2. Identify Volumes, in vph



5. Assign Lane Volumes, in vph



7. Sum of Critical Volumes

320 . 160 . 25 . 10

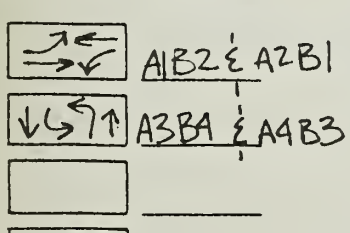
= 515 vph

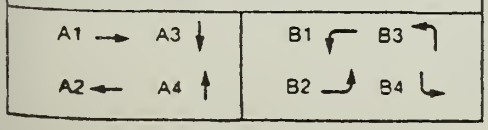
8. Intersection Level of Service

A 0.34

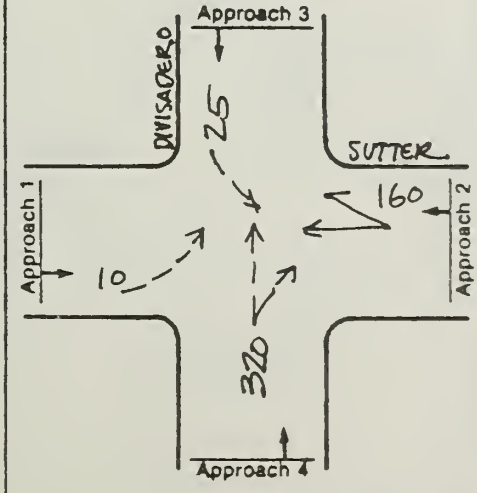
Notes:

3. Identify Phasing





6a. Critical Volumes, in vph (two phase signal)



Service Level Ranges

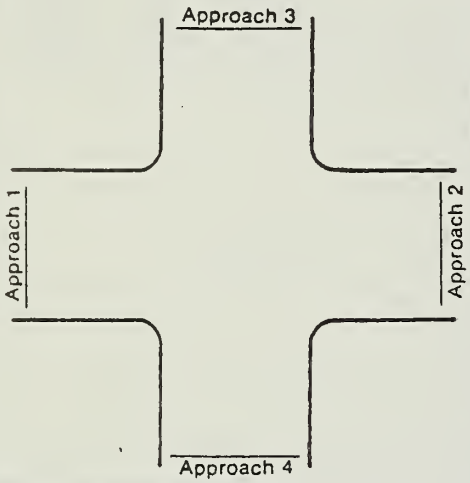
Level	Sum of Critical Volumes 2 Phase	3 Phase	4+ Phases
A	900	855	825
B	1050	1000	965
C	1200	1140	1100
D	1350	1275	1225
E	1500	1425	1375
F	not applicable		

INTERSECTION CAPACITY ANALYSIS

Intersection DIVISADERO/SUTTER Design Hour P.M. PEAK

Other Conditions EXISTING WITH PROJECT TRAFFIC

1. Identify Lane Geometry



4. Left Turn Check

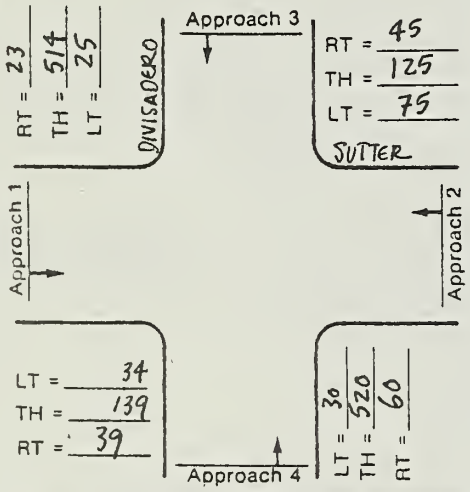
	Approach 1	2	3	4
a. Number of change intervals per hour				
b. Left turn capacity on change interval, in vph				
c. G/C Ratio				
d. Opposing volume in vph				
e. Left turn capacity on green, in vph				
f. Left turn capacity in vph (b + e)				
g. Left turn volume in vph				
h. Is volume > capacity (g > f)?				

6b. Volume Adjustment for Multiphase Signal Overlap

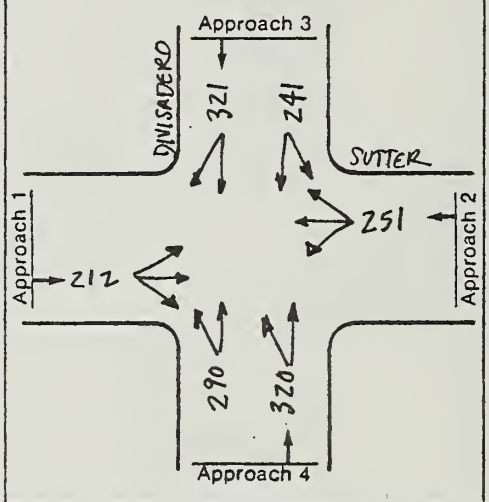
Probable Phase	Possible Critical Volume in vph	Volume Carryover to next phase	Adjusted Critical Volume in vph

2Ø

2. Identify Volumes, in vph



5. Assign Lane Volumes, in vph



7. Sum of Critical Volumes

320 + 178 + 25 + 75

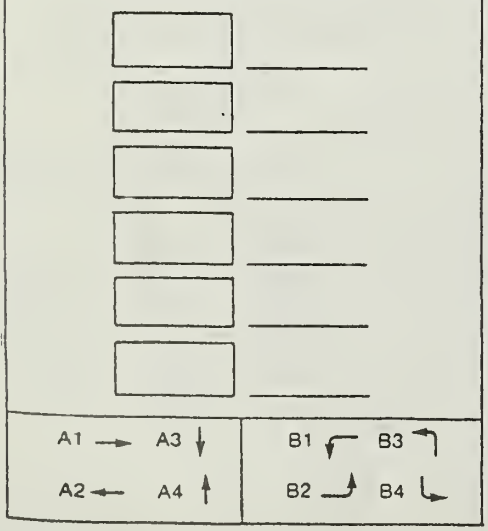
= 598 vph

8. Intersection Level of Service

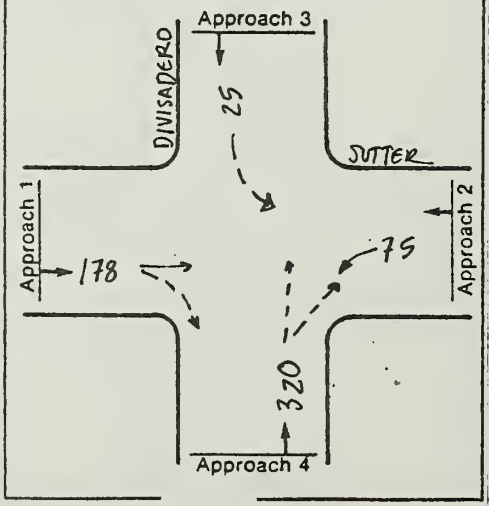
A 0.40

Notes:

3. Identify Phasing



6a. Critical Volumes, in vph (two phase signal)



Service Level Ranges

Level	Sum of Critical Volumes 2 Phase	3 Phase	4+ Phases
A	900	855	825
B	1050	1000	965
C	1200	1140	1100
D	1350	1275	1225
E	1500	1425	1375
F	not applicable		

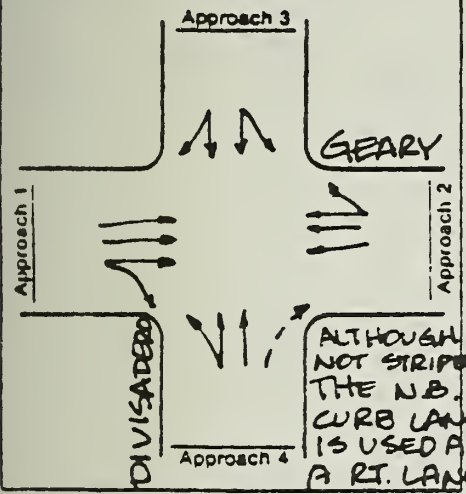
INTERSECTION CAPACITY ANALYSIS

4:30-5:30

Intersection GEARY/DIVISADERO Design Hour P.M. PEAK

Other Conditions EXISTING TRAFFIC (COUNTED 3/17/83)

1. Identify Lane Geometry



4. Left Turn Check

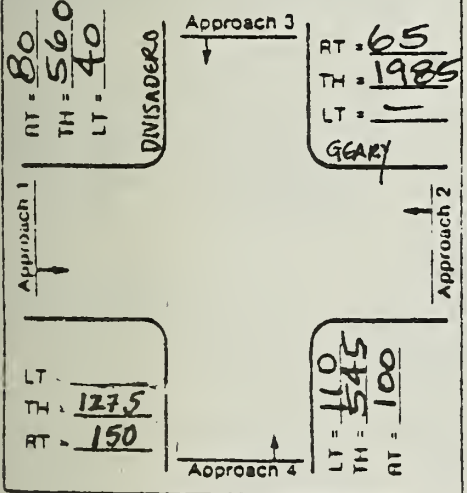
	Approach 1	2	3	4
a. Number of change intervals per hour				
b. Left turn capacity on change interval, in vph				
c. G/C Ratio				
d. Opposing volume in vph				
e. Left turn capacity on green, in vph				
f. Left turn capacity in vph (b + e)				
g. Left turn volume in vph				
h. Is volume > capacity (g > f)?				

6b. Volume Adjustment for Multiphase Signal Overlap

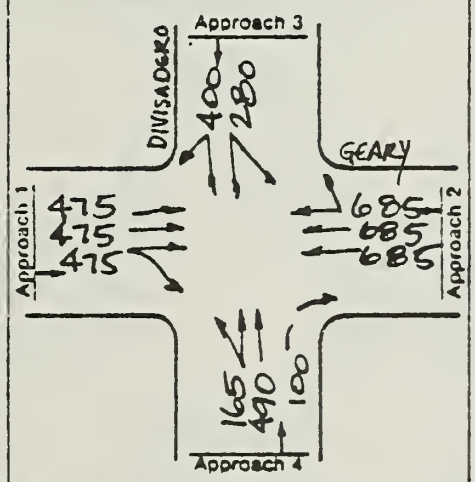
Probable Phase	Possible Critical Volume in vph	Volume Carryover to next phase	Adjusted Critical Volume in vph

2φ

2. Identify Volumes, in vph



5. Assign Lane Volumes, in vph



7. Sum of Critical Volumes

685 . 490 . 40 . —

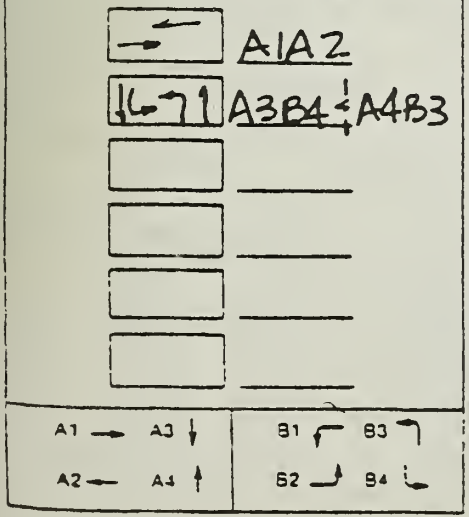
= 1215 vph

8. Intersection Level of Service

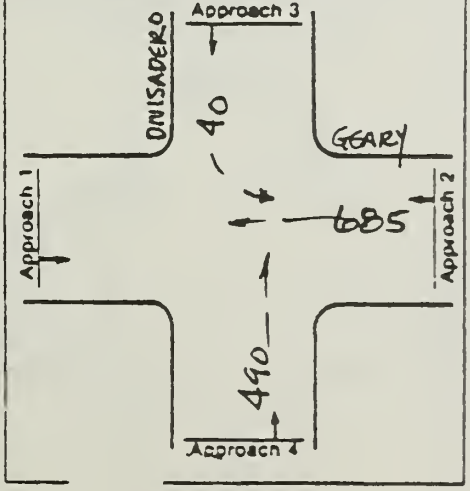
C-D 0.81

Notes:

3. Identify Phasing



6a. Critical Volumes, in vph (two phase signal)



Service Level Ranges

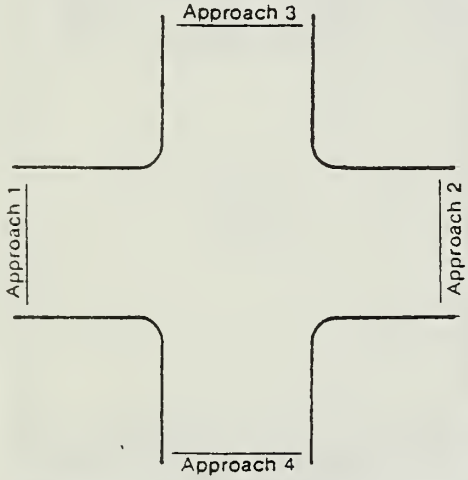
Level	Sum of Critical Volumes 2 Phase	3 Phase	4+ Phases
A	900	855	825
B	1050	1000	965
C	1200	1140	1100
D	1350	1275	1225
E	1500	1425	1375
F	not applicable		

INTERSECTION CAPACITY ANALYSIS

Intersection GEARY/DIVISADERO Design Hour P.M. PEAK

Other Conditions EXISTING WITH PROJECT TRAFFIC

1. Identify Lane Geometry



4. Left Turn Check

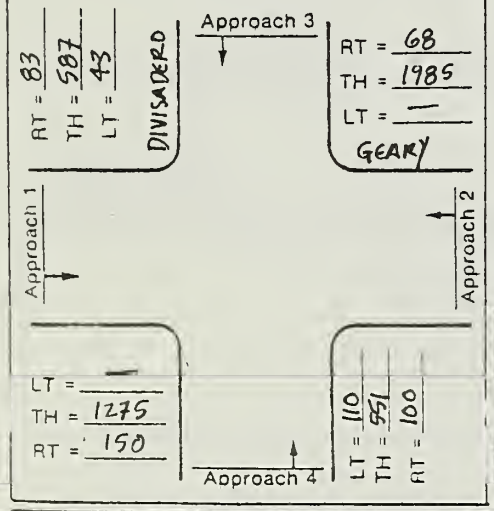
	Approach 1	2	3	4
a. Number of change intervals per hour				
b. Left turn capacity on change interval, in vph				
c. G/C Ratio				
d. Opposing volume in vph				
e. Left turn capacity on green, in vph				
f. Left turn capacity in vph (b + e)				
g. Left turn volume in vph				
h. Is volume > capacity (g > f)?				

6b. Volume Adjustment for Multiphase Signal Overlap

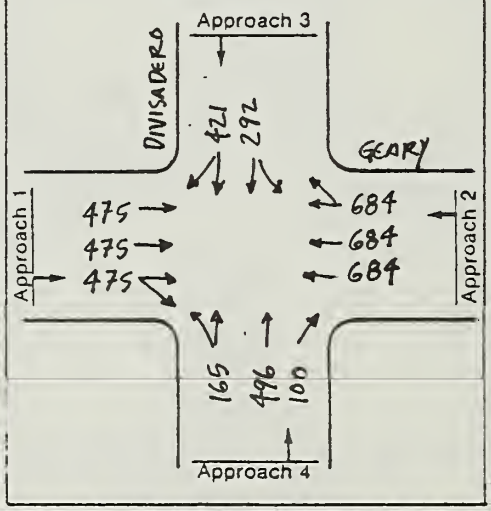
Probable Phase	Possible Critical Volume in vph	Volume Carryover to next phase	Adjusted Critical Volume in vph

2 ø

2. Identify Volumes, in vph



5. Assign Lane Volumes, in vph



7. Sum of Critical Volumes

684 + 496 + 43 + _____

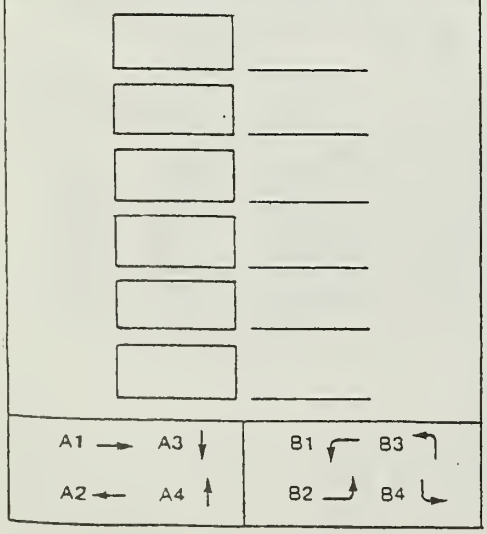
= 1223 vph

8. Intersection Level of Service

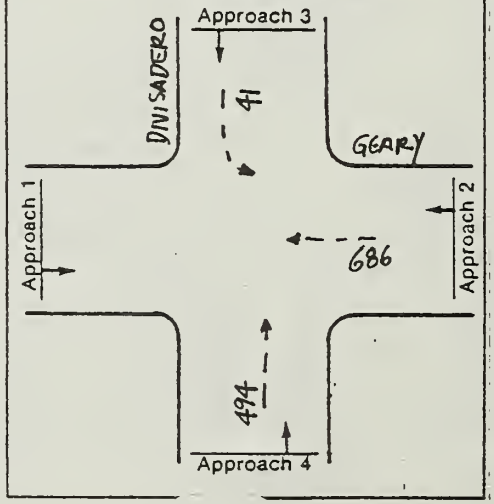
C/D 0.82

Notes:

3. Identify Phasing



6a. Critical Volumes, in vph (two phase signal)



Service Level Ranges

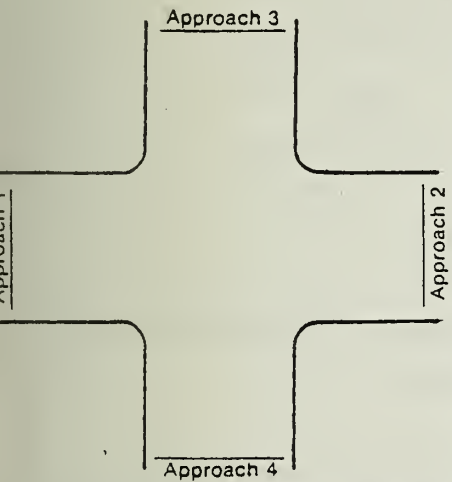
Level	Sum of Critical Volumes 2 Phase	3 Phase	4+ Phases
A	900	855	825
B	1050	1000	965
C	1200	1140	1100
D	1350	1275	1225
E	1500	1425	1375
F	not applicable		

INTERSECTION CAPACITY ANALYSIS

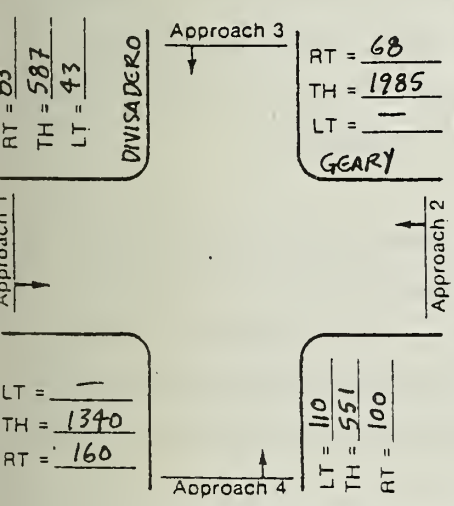
Intersection GEARY/DIVISADERO Design Hour P.M. PEAK

Other Conditions EXISTING WITH POST MED CENTER & KAISER GARAGE PROJECT TRAFFIC

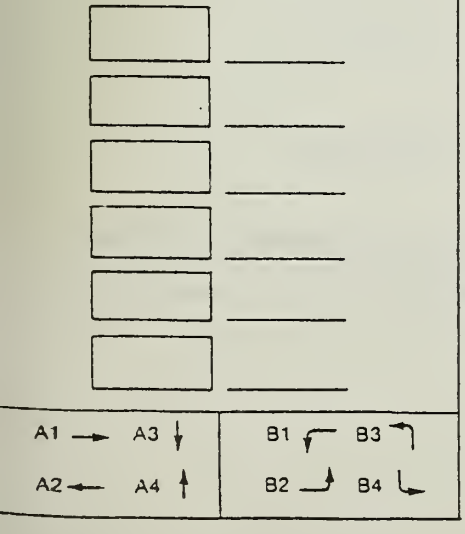
1. Identify Lane Geometry



2. Identify Volumes, in vph



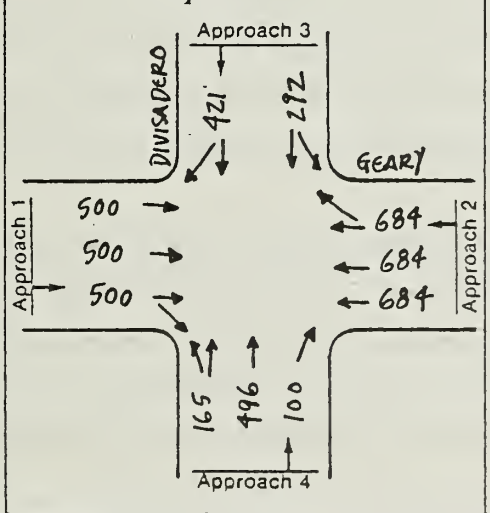
3. Identify Phasing



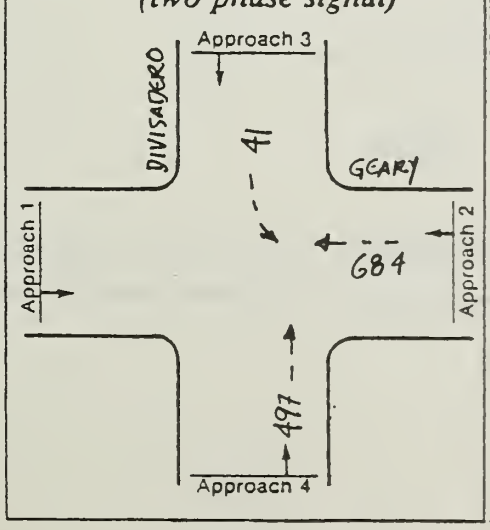
4. Left Turn Check

	Approach 1	2	3	4
a. Number of change intervals per hour				
b. Left turn capacity on change interval, in vph				
c. G/C Ratio				
d. Opposing volume in vph				
e. Left turn capacity on green, in vph				
f. Left turn capacity in vph (b + e)				
g. Left turn volume in vph				
h. Is volume > capacity (g > f)?				

5. Assign Lane Volumes, in vph



6a. Critical Volumes, in vph (two phase signal)



6b. Volume Adjustment for Multiphase Signal Overlap

Probable Phase	Possible Critical Volume in vph	Volume Carryover to next phase	Adjusted Critical Volume in vph

2 ϕ

7. Sum of Critical Volumes

684 + 496 + 43 + ____

= 1223 vph

8. Intersection Level of Service

C/D 0.82

Notes:

Service Level Ranges

Level	Sum of Critical Volumes 2 Phase	3 Phase	4+ Phases
A	900	855	825
B	1050	1000	965
C	1200	1140	1100
D	1350	1275	1225
E	1500	1425	1375
F	not applicable		

MEMORANDUM

DATE: 3/16/84

TO: CHARLES R. SWEENY, MT. ZION HOSPITAL

FROM: GEORGE NICKELSON

SUBJECT: PARKING DEMAND FOR MT. ZION

To follow up our recent telephone conversation this memo summarizes the parking demand calculations for Mt. Zion Hospital's employees and patients/visitors.

An initial parking calculation was based upon the August 1983 areawide parking survey conducted as a part of a City Parking Authority study. This survey determined that peak parking occupancy occurs in the 2:00 - 4:00 pm period when on-street and off-street spaces contain a total of about 1,540 cars, (within the area bounded by Pine, Geary, Steiner and Lyon). The responses of those parkers (through returned postcards) indicate 37% (570) of the vehicles are employees' and 5% (75) of the vehicles are visitors' or patients'.

A secondary calculation of employee parking demand has been based upon employee travel surveys conducted in January, 1984. This survey identified the percentage of employees who drive and the average occupancy of employees who carpool. Applying these factors to the total average employment of the day and evening shifts (assuming peak employee parking demand during a mid-afternoon shift overlap) yields the following employee parking demand:

973 average daily day and evening shift employees	
X 57% drive alone =	555 spaces
X 10% carpool/2.9 persons per carpool =	34 spaces
TOTAL	589 spaces

These comparative analyses suggest an average peak employee parking demand of 575-600 spaces. As a conservative approach, a 600-space demand should be used in a calculation of total demand.

Allowing for other parking commitments, the total peak parking demand could be the following:

Mt. Zion Employees	600 spaces
Mr. Zion Patients/Visitors	75 spaces
Sinai Chapel	75 spaces
Medical Group	125 spaces
N. Gray	42 spaces
TOTAL	917 spaces

RESULT OF:

MOUNT ZION HOSPITAL

EMPLOYEE TRANSPORTATION STUDY

February 3, 1984

1. In what department do you work ? (not tabulated at this time)

2. What classification most closely describes your job?

Management	165	24%
Office	184	27%
Nursing Staff	198	29%
Service	87	13%
Volunteer	5	*
Other (Technician, M.D., etc)	51	7%
	690	100%

3. Where do you live?

San Francisco	435	63%
Marin	84	12%
East Bay	77	11%
Peninsula	96	14%
	692	100%

4. What are your usual work hours?

Day Shift 7-9 a.m. to 3-6 p.m.	566	87%
Evening Shift 2-4 p.m. to 10-12 p.m.	67	10%
Night Shift 10-12 p.m. to 5-8 a.m.	20	3%
	653	100%

5. How do you usually travel to work?

Drive alone	385	57%
Dropped off	29	5%
Carpool	56	9%
Vanpool	9	1%
S.F. Muni	109	16%
BART	3	*
Muni & BART	13	2%
AC Transit	7	1%
Golden Gate Transit	7	1%
Other Transit	2	*
Walk	29	5%
Bicycle	3	*
Other	13	2%
	673	100%

6. If you travel in a carpool or vanpool how many persons (total) travel in the vehicle?

2 Persons	31	42%
3 Persons	22	29%
4 or more Persons	22	29%
	75	100%

7. If you drive to Mt. Zion, where you usually park:

Mt. Zion parking lot	113	24%
Other private parking lot	63	13%
Public parking lot	26	6%
On the street	268	57%
	470	100%

* Less than 1%

APPENDIX C: SAN FRANCISCO AIR POLLUTANT SUMMARY, 1981-1984

STATION: 900 23rd Street, San Francisco

POLLUTANT:	STANDARD	1981	1982	1983	1984/i/
OZONE (O^3) (Oxidant)					
1-hour concentration, ppm/a/					
Highest hourly average 0.10 /b/	0.12 /c/	0.07	0.08	0.13	0.10
Number of excesses of state standard		0	0	1	1
Expected Annual Excess (federal)/d/		0.0	0.0	0.3	-
CARBON MONOXIDE (CO)					
1-hour concentration, ppm					
Highest hourly average	20 /b,e/	8	12	7	-
Number of excesses of standard		0	0	0	-
8-hour concentration, ppm					
Highest 8-hour average	9 /b,c/	5.3	9.1	5.1	10.8
Number of excesses of standard		0	1	0	1
TOTAL SUSPENDED PARTICULATE (TSP)					
24-hour concentration, ug/m^3/a/					
Highest 24-hour average	100 /b,f/	103	126	117	-
Number of excesses of standard/g/		1	3	4	-
Annual concentration, ug/m^3					
Annual Geometric Mean	60 /b,f/	56	57	55	60
Annual excess of standard		No	No	No	Yes
LEAD (Pb)					
30-day concentration, ug/m^3					
Highest 30-day average	1.5 /b/	0.6	0.7	0.4	-
Number of excesses of standard		0	0	0	-
NITROGEN DIOXIDE (NO_2)					
1-hour concentration, ppm					
Highest hourly average	0.25 /b/	0.11	0.13	0.13	0.14
Number of excesses of standard		0	0	0	0
SULFUR DIOXIDE (SO_2)					
24-hour concentration, ppm					
Highest 24-hour average	0.05 /b/	0.016	0.012	0.018	0.03
Number of excesses of standard/g,h/		0	0	0	0

/a/ ppm: parts per million. ug/m^3: micrograms per cubic meter.
/b/ State standard, not to be equaled or exceeded, except for CO standards, which are not to be exceeded.

(Continued)

APPENDIX C: SAN FRANCISCO AIR POLLUTANT SUMMARY 1981-1984 (Continued)

/c/ Federal standard, not to be exceeded more than once per year, except for annual standards, which are not to be exceeded.
/d/ Expected Annual Excess is a three-year average of annual excesses of the federal standard.
/e/ The state one-hour CO standard was revised from 35 ppm to 20 ppm in January 1983. The federal one-hour standard remains 35 ppm.
/f/ The California ARB has redefined the state particulate standard to apply to "inhalable" particulates only (i.e., those which have a diameter less than ten microns). The new standards are 50 ug/m^3 for 24-hour averages and 30 ug/m^3 for the annual geometric mean. No data is currently available on the particle size distribution of the TSP sampled at the San Francisco monitoring station.
/g/ Number of observed excess days (measurements taken once every six days).
/h/ Exceeding the SO_2 standard is a violation only if a concurrent excess of the state ozone or TSP standards occurs at the same station. Otherwise, the federal standard of 0.14 ppm applies.
/i/ 1981-1984 data collected at 900 23rd Street

SOURCE: BAAQMD, 1981 - 1983, Air Quality in the San Francisco Bay Area; and California ARB, 1981 - 1984, California Air Quality Data.